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DIPHTHERIA

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Diphtheria still belongs in the class of dangerous diseases but its danger can now be faced by physicians with a certain, superior calmness. The term diphtheria has been applied since the time of Bretonneau and his pupils, nearly a hundred years ago, to a disease of the mucous membranes of the chin which occurred in epidemics and spread by contagion. Before that time physicians had been acquainted with the local manifestations of the disease. The exciting cause of the disease was first discovered by Klebs and Loeffler in 1883, after whom the organism causing the disease is named. Ten years later the antitoxin was discovered but several years elapsed before it was possible to overcome the opposition to its use.

Diphtheria is seen in all climates and seasons but is more prevalent in cold countries and during the colder months. While in the earlier centuries it apparently always occurred in more or less sharply defined epidemics, by the middle of the nineteenth century it had become pandemic owing to the development of commerce with more rapid means of transportation, so that now the disease practically never dies out in large cities. It has been pointed out recently that diphtheria epidemics occur cyclically. During the last forty years a number of such epidemics have been recorded at various intervals. The causes of these epidemic outbreaks are not clear but they may be due to such a circumstance as a new crop of susceptible children. It is said that diphtheria prevails more in rural districts but everyone is familiar with outbreaks in certain congested districts, schools or institutions.

Diphtheria is primarily a disease of children though adults are not exempt. The greatest number of cases occur in children between the ages of two and five years. From immunity tests which have recently been worked out, it has been learned that 80 per cent of the children between two and five years of age are susceptible to diphtheria while less than 10 per cent of adults would develop the disease if exposed. An attack of diphtheria may or may not give a permanent immunity. Repeated attacks are common, necessitating precautions to prevent subsequent attacks. A short period of immunity can be secured by small injections of antitoxin.

The germ causing diphtheria is a little bacillus which almost always enters by the mouth or nose and the lesions are usually localized in the mucous membrane of the throat, nose, larynx or upper respiratory tract. The bacillus also leaves the body in the discharges from the nose and mouth. The diphtheria bacillus grows readily in any albuminous medium with an alkaline reaction. It can easily be grown in culture media. The resistance of the bacillus to changes of temperature varies. Exposure to cold temperature is well borne but 125° Fahrenheit, or higher, causes it to succumb in a short time. The bacilli are also sensitive to such chemicals as alcohol, lyso, phenol, and bichloride of mercury. Their resistance to drying is very marked, especially if they are enclosed in bits of membrane and are not exposed to diffused sunlight.

The diphtheria bacillus is generally transmitted directly from one person to another as by kissing or exposure to droplet infection in coughing, speaking and sneezing; or the infection may be conveyed indirectly from one person to another in a great variety of ways, most common among children, perhaps, are toys, shoe polish, food, fingers, handkerchiefs or other objects that have been mouthed first by the infected child and then by the susceptible child. Experience has shown that diphtheria infection results usually by direct exchange of the organisms of the nose and throat rather than through inanimate objects.

Dr. Chapin of Providence has well demonstrated how diphtheria contained in the secretions of the nose and mouth may be transmitted. He has brought to our attention the fact that the saliva is made use of for a great variety of purposes and that numismatic articles are, for one reason or another, placed in the mouth unconsciously. "Who can doubt," says he, "that if the salivary glands secreted indigo the fingers would not continually be stained a deep blue, and who can doubt that if the nasal and oral secretions contain the germs of disease the germs will not be almost as constantly found upon the fingers?"

All successful commerce is reciprocal and in this universal trade of saliva the fingers not only bring foreign secretions to the mouth of their owner but there exchanges it for his own, distributing the latter to everything that the hand touches. This happens not once, but scores and hundreds of times during the day's round of the individual. The cook spreads his saliva on the muffins and rolls; the waitress infects the glasses and spoons; the moistened fingers of the peddler arrange his fruit; the thumb of the milkman is in his measure; the reader moistens the page of his book; the conductor his transfer tickets; the lady the fingers of her glove. Everyone is busily engaged in this distribution of saliva so that at the end of each day this secretion is found freely distributed on the doors, window sills, furniture and playthings in the home, the straps of trolley cars, the rails and counters and desks of shops and public buildings, indeed upon everything that the hands of men may touch.

The mouth, too, is put to numberless improper uses which may result in the spread of the infection. It is used to hold string, pins, pencils, paper and money. The lips are used to moisten the pencil, to point the thread for the needle, to wet postage stamps and envelopes. Children "suck" apples, cake, etc., while men exchange their pipes and women their hatpins. Sometimes the mother is seen cleansing the face of her child with her saliva-moistened handkerchief and perhaps the visitor is shortly after invited to kiss the little one. This close contact, which emphasizes the importance of education in personal hygiene based upon habits of biological cleanliness, is undoubtedly responsible for the spread of diphtheria in many instances.

It is absolutely certain that the diphtheria bacillus must gain access to the nose or throat in order to cause the disease but why do some individuals exposed contract it, while others escape? It has been recently ascertained that only certain individuals are susceptible while the remainder may harbor the diphtheria bacilli in the nose or throat and yet not develop diphtheria. Such people are known as diphtheria carriers. These individuals or carriers are protected by something in their blood which prevents the germs from doing any harm but the same bacilli may be carried to the throat of another person where there is no protection in the blood and thus give rise to a moderate or severe case of diphtheria. It is these people, the so-called carriers, who are the greatest menace to a community.

The incubation period of diphtheria is variable, lasting from a single day to a week or more. It depends upon the virulence of the organism and the amount of resistance the individual possesses. The onset

may be sudden but usually at the start the subjective symptoms of discomfort are so slight that it is difficult to fix a definite onset of the disease. Again the symptoms will vary depending upon the localization of the diphtheria. In the pharyngeal type, which is the most common, the onset is usually slow. The children feel somewhat tired and are disinclined to eat and play; they are sleepy; the voice is rather hoarse and slightly nasal. Temperature ranging from 100° to 103° may be the first symptom to alarm the mother or nurse. Early in the disease the child will complain of pain in the neck and discomfort on swallowing. If the mouth and pharynx are inspected early only slight evidences of inflammation are seen. There may be only a shiny looking deposit on the posterior pharyngeal wall with increased prominence of the pillars and tonsils. Without treatment a definite membrane will be noted on the tonsils twenty-four or forty-eight hours later which may spread by continuity until it may finally cover, like a velvet skin, both sides of the fauces, the uvula and even small spots on the posterior pharyngeal wall. If the case is a neglected one, the membrane may spread to the nostrils and down into the trachea. The general condition will gradually become worse; the pain on swallowing will increase and the glands of the neck become tender. There will be general depression and weakness. In the untreated case the outcome is very serious. With our present knowledge of this disease no case should be allowed to progress to this stage if seen by a physician or a nurse. It is the late and advanced case alone which keeps up the mortality rate in diphtheria.

Tonsillitis and certain rare throat conditions may simulate diphtheria but the final distinction can always be made by means of a culture taken from the nose or throat. If it is impossible to get the bacteriological diagnosis, no time should be lost to institute antitoxin treatment, for it will do no harm to give it for a mistaken diagnosis, while failure to inject it may be the means of permitting the disease to progress beyond the reach of antitoxin.

In the laryngeal form of diphtheria the diagnosis may be more difficult, especially if there is no evidence of trouble in the throat. This form, which is usually seen in children, has a slow onset and begins with a characteristic weakening of the voice, a short, rather hoarse, cough and a more prolonged character of the breathing. Decided hoarseness develops rapidly and the cough becomes hollow and harsh. If the case progresses, the respiration becomes so embarrassed that the patient is anxious as is shown by the attitude and expression. The voice and cough become almost completely absent. Inspiration

and expiration are noisy, lengthened and extremely labored. The increasing air-hunger will bring into play the voluntary muscles of respiration and as the stenosis increases and greater weakness ensues, the child takes on a bluish color. Anyone who has seen a child in this condition would never again fail to recognize the source of trouble. In any slowly-developing laryngeal trouble diphtheria should be suspected and the routine treatment given regardless of culture report.

It can be said with truth that for no other medical disease has science given to the world such a sure and simple means for a cure. The use of diphtheria antitoxin is so well known throughout the world that a discussion of its use is needless. It was a long and laborious task for the discoverers of antitoxin to convince the people of its efficacy and even in this enlightened age people, and unfortunately intelligent people, protest against its use. But our friends who saw diphtheria treated two decades ago and are following the present results must be the judges in this matter. Suffice it to say that the mortality rate of 40 to 50 per cent in pre-antitoxin days has been reduced to 3 and 10 per cent since its introduction. Rarely does a case of diphtheria die if seen early to receive antitoxin.

Diphtheria antitoxin can readily be obtained in all communities and seldom should there be a reason for delay in administering it. Recent experiments in the mode of administration and rate of absorption have shown that for immediate results the intravenous injection is the best. The intramuscular route is the most useful and safest, while the subcutaneous method is successfully employed. The individual case will decide the method as well as the dose. The object of the first injection of antitoxin shall be to neutralize all the diphtheria toxins and consequently calls for a single large dose rather than repeated smaller ones. The amount of antitoxin will vary from 4000 to 50,000 or more units at a single injection. For immunizing purposes 500 to 1000 units will be sufficient. Rarely does antitoxin produce any curious symptoms. A certain percentage of the cases will develop an urticaria which may be most annoying. This may manifest itself as early as the second day or be deferred a week or longer.

The subsequent treatment of diphtheria does not differ much from that of any acute infection. Absolute rest for at least a period of ten days is essential. In severe cases heart and kidney complications are common as well as diphtheritic paralysis. Early administration of antitoxin and absolute rest are the best means of warding off these untoward results.

The laryngeal case may require intubation. The nursing of these

children requires more care. They must be constantly watched to anticipate any trouble should the tube be coughed. The child must be fed slowly and carefully to prevent a spasm of cough which might prematurely dislodge the tube. The tubes are generally coughed the fourth or fifth day, otherwise they are extracted by means of a special instrument. It is only in the extreme cases, where intubation is impossible or does not relieve the obstruction, that tracheotomy is resorted to.

It is in the field of prophylaxis that great efforts should be made to lower the mortality of diphtheria. The isolated case of diphtheria cannot be prevented as far as our present knowledge goes but when a case appears, as it frequently does, in asylums, hospitals, schools or similar institutions every effort should be made to prevent it from spreading. By the application of well tried measures it can usually be controlled with every assurance of success. If a case of diphtheria develops in an institution, it is customary to give a prophylactic dose of antitoxin to all. Though this will protect the individuals immunized it will not prevent its spread, as the bacilli may be harbored by persons not suffering from the disease. To determine the carrier, a nose and throat culture should be taken of the exposed children and the positive cases isolated. It will frequently be found that a number of carriers exist in any large group of individuals. They are the greatest source of danger and must be removed.

Recently it has been learned that by means of a simple skin test known as the Schick test, the susceptible and non-susceptible individuals can be determined. This test consists of the injection of a minimal dose of diphtheria toxin into the skin of the forearm. A local reaction of redness indicates the absence of antitoxin in the blood and denotes that the person is susceptible to diphtheria. The absence of a reaction shows that there is sufficient antitoxin in the blood to neutralize the toxin injected and probable immunity to the disease. Where cases of diphtheria have developed in institutions this test has been tried and only those susceptible immunized, thereby obviating the necessity of giving antitoxin to all exposed. As stated before only about ten per cent of adults are in need of antitoxin for immunization while fifty per cent of children are susceptible. Unfortunately, where a case is taken from the community at large less can be done to limit its spread but with the means we have at our control epidemics in institutions should even be checked.

Cases of diphtheria are best treated in an institution created for that purpose but there is no great objection to treating a case in the

household provided the nurse and the patient may be quarantined from the rest of the family.

Disinfection should be applied especially to the secretions from the mouth and nose. These may be received upon a piece of gauze and burned. For the hands and other objects bichlorid of mercury 1-1000, or carbolic (5) per cent), are efficient. The bed linen, towels and other fabrics should be boiled or steamed. Evidence is accumulating that the infection usually comes from persons rather than things.

EXPERIENCES IN THE AMERICAN AMBULANCE HOSPITAL, NEUILLY, FRANCE

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It has been suggested that we write an account of our experiences in Paris, for the benefit of other nurses who have not yet had a chance to go to the war in Europe. We feel a certain reluctance to talk because we never really saw any active war service despite the fact that we went over with jaws set tight in determination to get to the front. We went, regardless of what it might cost us, intent only upon serving France who needed us desperately and who would surely welcome us to the duty of uttermost danger in her hour of need.

It seemed as if we had stepped right into the war as soon as we got on board *Le Touraine* at her wharf in New York, for she was loaded down with horsemen for the French cavalry, with automobiles to make ambulance cars, and barrels full of munitions and ammunition, besides 120 good men and true, going back to fight for France. They were all quite cheerful, even to the weak looking youth whose mother had come over to fetch him back to fight. There was another man of quite different stamp, whose mother drew him back to fight. He was going, he said (in spite of the fact that he had American naturalization papers), to the war, so that his mother might not feel "out of it" with no man belonging to her on the firing line! One man had come a three-weeks' journey by wagon from the interior of Mexico with his wife and eight-months-old baby. Besides these there were three priests, whom we noticed particularly, going back to the colors, and a boy who was the thirteenth in his immediate family to serve.

Finally we sighted Havre with the gray battleships hovering around her and the transports disgorging line upon line of cheering men going to "load the guns."

From Havre to Paris we traveled just as smoothly as usual, though by a round-about way; past bridges guarded by soldiers we glided, and little squads of marching men and many a chateau flying the Red Cross flag. Having arrived in Paris, we very quickly found our places in the American Ambulance Hospital at Neuilly.

So much has been written about the founding and organization of that hospital that we can skip any account of it here and turn directly to our personal experiences. The gymnasium of the *Lycée Pasteur* has been turned into two big wards of about 35 beds each and the other rooms in the building (class rooms, etc.), hold 8 beds apiece. We each had one of these 8-bed wards filled with French privates. There are also many English soldiers in the hospital. There were two staffs, Dr. DuBouchet's and Dr. Blake's. Each staff had its own wards, its own operating room nurses; one staff operated in the morning and the other in the afternoon, and they received on alternate days. There were 350 to 400 patients, about 95 nurses and some 100 auxiliaries at the hospital. Auxiliaries, let me explain, are ladies of various ages and stations in life who volunteer their services. They arrive at eight or eight-thirty in the morning and leave at six or six-thirty in the evening, by automobile. Besides these there were volunteer orderlies and quite a number of ambulance men. All floor scrubbing, bringing meals up, etc., was done by women hired for that purpose and chiefly Belgian refugees. The carrying of meals to the wards was quite a task as there were no elevators at the *Lycée*.

The majority of the volunteer workers were very splendid people and without their good, honest, hard work the hospital could not have been run. Mixed with these, however, were some who took the work less seriously and, although they gave the nurses some anxious moments and little help, they did furnish us with many a good laugh. As for instance, the orderly who urged me to go downstairs to the afternoon tea which some of the more well-to-do Parisian ladies served to us regularly every afternoon, saying: "Really, Miss K—, you shouldn't miss afternoon tea, it's one of the pleasantest social features of the hospital," or the rich American orderly who gave the patients photographs of his chateau in Brittany, saying pompously, "This is where your orderly lives." The words, "I'd do anything for the dear boys," were constantly on his lips, but when it came to holding a patient while the nurse did a particularly heathenish dressing, he very quickly added to his slogan this explanation, "but I can't stand that smell," and slid out of the ward. Then I recall the words of the naive young lady who, when asked how a certain patient was doing, said,

"Oh, he is getting along beautifully, his temperature goes up a little more each day?" Hospital etiquette was, of course, to the volunteer, a weird and awful thing, as witnessed by that auxiliary who spoke thus to Dr. DuBouchet when he changed an order that she had obtained verbally from the youngest member of the staff, "Well, if you're going to contradict the doctor's orders that way, you yourself must take the responsibility for it." Strange, wasn't it, that he took it! The funniest tales are not, I regret to say, the most printable ones unless perhaps the remark of an English "Tommie" who was much annoyed by an auxiliary's slowness in serving his meals: "Say, tell one o' them there countesses to hurry up with my broth."

The wonder to us was that the patients did so little complaining. We thought of the complaints heard regularly from ward patients at home, men who are looking forward to a peaceful return to their own homes. Then we turned with wonder and a vast admiration to these men lying shattered and in pain, many of them without news from those dependant upon them, all of them with loved ones at the front, not a few facing the future hopelessly crippled, bodily and financially. The days are very long when one has to lie still and think of such things. I'll never forget a man from the north of France who had not heard from his wife and little children for three months. He never smiled but he never complained either. He just lay there, day after day, absolutely flat on his back; the collar bone, arm, two ribs, pelvis and leg on his left side were all shattered and his leg badly infected.

Infection was the rule, there were no clean wounds in the hospital. Naturally, when a powder-stained bullet rips through filthy clothing that has probably been worn continuously for three or four weeks and drags chunks of this clothing with it into the torn flesh, the wound made is not apt to be a clean one, even when given a rough scrub up and dressing. The men stay from twenty-four hours to several weeks in the field hospitals and in the ambulance trains before they reach the American Ambulance.

The trains of wounded are often delayed by being sidetracked to let the fresh troops go through to the front. That seems barbaric, you say? Certainly, it is barbaric. War never was better than the uttermost horror of barbarism, and this war today is more brutal than any that has gone before it. We are sadly perfected in machinery to mutilate our men en masse. En masse, we bring them back and heal them with our expert knowledge, born of civilisation, only to hurl them forward again to the firing line that they may go

through their agony once more; this time facing pain every detail of whose infinite torture is vividly familiar to them through the touch of their own personal anguish. Yet such is the stupendous bravery of these ordinary French and English men that the majority of them do go back (very grim it is true), but willing. Sometimes the men were very pathetic as, with tears in their eyes, they thanked their nurses for their care calling them such names as "petite mère," but I liked what they called me better, it was simply what they called each other, "mon sœur."

Hots of funny little incidents come back to us, among other things, how childishly fond the men were of the bullets or shrapnel that had been taken out of their wounds. In their eyes the greatest crime a nurse could commit was to lose one of these precious mementoes. "Arthur," the fat little Marseillaise, was the last man in my ward to get a bullet. How proud he was the day we dug it out of the sole of his foot! But I find, as we run through these humorous episodes, that there is not one of them without its undercurrent of horror. There was one Turco who raved, ran a temperature and could not be kept quiet in bed until they brought him a little package that had been put away with his clothes; with this beneath his pillow he slept like a child. The package was found to contain a pair of human ears. Then there was a Senegalese soldier who did not mind having his arm cut off because he did not need to work, he had two wives at home!

Many questions have been asked us about what part of the body was most frequently wounded. For this reason, from the thirty cases that we know most intimately, and which were, so far as we know, characteristic of the whole hospital we have made a little table, thus:

Wounded in more than one place, 3; in hand, 4; in jaw, 4; in arm, 9; in leg, 9; in trunk, 6. The wounds were practically all caused by bullets or by shrapnel, and all more or less infected.

To care for all these wounded the hospital is remarkably well equipped, from its ample supply of the ordinary medicines and sterile dressings up to the very latest devices such as the violet ray filter for sterilizing the patients' drinking water and the big electric magnet to draw bullets out. The staff of the hospital, too, is very complete from diet kitchen to pathological laboratory. There are specialists in every line who have volunteered their services. Three of the best dentists in Paris (two Americans and one Frenchman) are doing things that seem quite impossible in the way of healing and repairing shattered jaws, besides doing regular dental work (cleaning, filling and pulling teeth) for all the patients who need them. There are two surgeons

who give their whole time and there is even a chiropodist whose services are really invaluable. Of the routine surgical work there is no need for me to speak, more than to say that Dr. Du Bouchet and Dr. Blake, respectively, head the two staffs, have an ample number of good men with them, and one woman doctor!

Of the motor ambulances attached to the hospital, 80 were out on the firing line while some 5 cars served to bring the wounded in from the trains. The minute a patient arrived at the hospital he was looked over by one of the staff. If very ill he was sent immediately to a ward where the orderlies gave him a bed bath; if he were not very much exhausted he was scrubbed thoroughly in the admission room before being sent up. As soon as a man was washed and in bed the nurse gave him an injection of antitetanus serum; a large bowl of hot soup with an egg in it; and then a cigarette! Invariably the man went off to sleep after this, it was no wonder, since for months most of them had not had a bed, or good food, or a bath, or a place that they knew was safe. No amount of pain seemed able to cheat them out of this first sound sleep. Either before or after sleeping they were dressed by the surgeon and, if necessary, an X-ray plate was made of their wound.

We would love to go into detail about our patients and tell you their life histories as we knew them, but that is another story. When we found how well equipped the American Ambulance was and how little trouble they were having to get English and American nurses, we tried harder than ever to get to the front. There was another nurse at the hospital who had the same objective: when we left a month afterward she was still at it. Personally I gave up, after pulling every wire that I could lay hands on. There was not a doubt in my mind but that the French government has some very good reasons for not wanting American nurses either on her ambulance trains or in the field hospitals. Of course we can all make guesses but it will take another generation to find out the truth. Meanwhile, we rest persuaded that France does not need our personal service in the battle line but that she does need all the help we can possibly give her in money, clothes, hospital supplies, etc., because everyone in France is poor now and France has upon her hands, besides thousands of destitute French people, thousands of Belgians as well. The other European countries are too busy with their own troubles to be able to help her, but we who, very wisely, have refused to be drawn into this war, though we cannot help her as an ally, can yet, as a neutral, do an incalculable amount to lessen the suffering of the people of France.

In conclusion let us say first this: we never saw the flashing battle line, that arch of bright steel that stretches three hundred miles from end to end between France and Germany; we did not hear the bullets whistle or the cannon boom; we did not hear the long lines cheering as they swept past into action; we did not hear the dying horses scream; we saw none of the theatrical side of war; but we did get a glimpse, behind the scenes, at what is its most real part, the part that lasts longest. We saw the long ambulance trains, those "rivers of pain," running back from the lines; we saw strong men sobbing like children with pain; we saw them crippled, dying; we saw their women struggling alone against poverty and anxiety, pale women with that tragic look in their eyes that comes with sleepless nights, and unshed tears; we have seen the little children crying for that fathers' love that they will never know again. All these things are the necessary routine of war. We have seen, and we can never forget.

THE HOSPITAL TRAY

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Universal recognition is now given to the fact that proper diet is one of the most valuable aids to successful therapeutics; but, judging from repeated observations, the added value of correct service when catering to the sick, does not appear to be so highly appreciated. This, too, in the face of what has been proven again and again, and that is that the most direct route to the palate is by way of the eye. For this reason, then, if for no other, attractive service, where food is concerned, should under all circumstances be insisted upon. When the capricious appetite of the sick must be coaxed, this becomes a duty that cannot be conscientiously shirked. Many a nourishing meal, comprising the very food principles the body demands to repair the ravages of the disease and the waste of the thrives, falls completely in its mission because of slipshod service.

In private homes where sickness is almost an unknown quantity, or in the homes of the very poor where, even in times of health, mere existence is a problem, there may be an excuse for such an oversight. In a hospital or in a private home where the care of the sick is entrusted to a nurse, it is a most reprehensible state of affairs and cannot be too strongly censured, yet it is lamentably true that this very criticism is the one most frequently heard from the hospital pa-

tient. Even a nauseating dose of medicine loses half its terrors when brought to the patient on a neatly arranged medicine tray. How much more important, then, that the food which is to supplement and complete the work of the medicine in the process of health restoration be presented in a (if the word may be used in this sense) compelling manner, that is to say, so invitingly that the eye compels the appetite to obey. Even the simplest nourishment tray demands just as much care as to detail of arrangement as the most elaborate meal, if anything, more, because it is when the patient is physically at low ebb and the necessity for nourishment of a certain variety is greatest that this form of food is served.



AN ATTRACTIVE BREAKFAST TRAY

Whether there is not enough stress put upon this feature in the dietetic training all modern hospitals include in their curricula, or whether the fault lies with the individual nurse, the layman is not in a position to decide. This inability to fix the blame in no way alters the fact that in many hospitals the tray service is conspicuous for its inefficiency, notwithstanding the certainty that this laxness is always a detriment to the patients' speedy recovery.

The first consideration of such service is the tray itself, which must be of a suitable size. This, of course, in its turn, must be gauged by the purpose to which it is to be put and the quantity of food to be served upon it, in other words, whether the patient is upon full diet or special

diet. On a tray that is too large the dishes must be scattered here and there or grouped at one side. Either arrangement tends to accentuate the all-alone feeling similar to that produced by sitting down to a table with only one cover laid and nothing but a dreary expanse of white cloth for the diner to contemplate, a condition that is always so depressing and, by way of digression, perhaps explains why people who live alone seldom enjoy their meals. Coziness and eating go hand in hand.

Again, a tray that is too small, having the dishes all crowded together in disorderly array destroys, by this very confusion, the desire to eat, before the food has even been seen. Opposed to this chaotic



THE NOURISHMENT TRAY

jumble is the tray which is of just the right dimensions to accommodate the necessary dishes and accessories, all symmetrically placed, that is to say, as if the cover were laid upon a table instead of upon a tray, and which catches the eye, arouses interest and creates the desire to investigate the contents of dishes so appealingly presented.

As a matter of course, only suggestions backed by personal observations can be offered as to just what the proper dimensions are for an invalid tray. For a dinner tray, 22 x 18 inches has proven most satisfactory; for breakfast and supper a smaller one, 20 x 16 inches answers nicely. For serving nourishment, the round tray in varying sizes has been found the most practical. Then, too, especially in the case of bed patients, it affords a change, if only in shape, and thereby

contributes its little mite toward breaking the monotony of the sick-room service.

The black papier-maché tray is both light and durable and does not grow shabby as soon as a japanned tin one. It should go without saying that in every hospital diet kitchen there should be almost an embarrassment of riches in the way of serving trays. But is there? The need is quickly admitted but how seldom is it supplied.

Given the tray, the next consideration is its furnishings, of which the linen takes precedence. Immaculate table linen for each meal, even when one is sound and well with the most robust of appetite is one of the luxuries of life. When catering to the sick, it ceases to be



A CORRECTLY-APPOINTED DINNER TRAY

a luxury and ranks as a necessity. The quality of the linen must be governed by the resources of the institution and the facilities for taking care of it. No matter, though, what the quality, the thing that really counts is cleanliness. A fresh tray cover, a fresh napkin for each patient for each meal, should be the iron-clad rule obtaining in every hospital diet kitchen. Economy in this direction is misplaced.

Again, it is only reasonable to insist that the tray covers shall be of proper dimensions. Nothing is more untidy than either an overhanging cover or one which exposes a portion of the bare tray. As different size trays are constantly brought into requisition, the covers will have to be bought accordingly.

For the round nourishment trays, there is a round linen doily twelve inches in diameter, having a neat button-holed edge. These doilies are both pretty and practical and quite inexpensive. When it comes to covers for the food trays, nothing, unless the cost must take precedence, can take the place of the hemstitched or scalloped cover of heavy linen damask, which, when properly laundered proclaims, none the less emphatically because merely, its own quality. It delights the eye as does the handsome linen on a well-appointed table. When this indulgence is not warranted, the next best thing, combining good looks and wearing qualities at the least cost, is the linen damask of different widths sold by the yard. This can be cut into desired lengths and the ends hemmed. Every sewing machine now has an attachment for hemstitching and with very little extra labor the appearance of covers made of this material may be greatly enhanced by substituting a hem of this kind for the conventional one.

The damask known as silver bleach makes very satisfactory tray covers. A much better quality may be bought for less money than the bleached damask costs and as the process of bleaching begins with the first washing, it is soon white. Cotton material is never economical for tray covers, no matter how small the first cost may be. It not only absorbs all stains, such as coffee, tea, fruit, but retains them, consequently it must soon be discarded because of its unsightliness.

Apropos of tray covers, it might be well to call attention to the paper doily now on the market. It comes in different sizes in most attractive designs and is such a clever imitation of linen as to almost deceive the initiated. These doilies are just the thing to use on medicine trays. When bought in quantities the individual cost is so insignificant as to hardly merit any consideration. When it is known that when they become wet they may be restored to their pristine freshness by pressing between the folds of a soft cloth, the one objection to their use is overcome.

The dishes used on an invalid's tray are certainly of more than passing import, for they are a prominent factor in the work of pleasing the eye. It is understood that in an institution the breakage, in spite of constant vigilance, is hard to control and constitutes one of the big expense items, so the wearing qualities of dishes must be carefully weighed, yet when we stop to think that with the sick it is not a question of living to eat but very often is one of eating to live, the extravagant side, if you wish to so call it, merits a hearing.

Hospital dishes, for obvious reasons, should be bought from open stock. This, however, does not preclude good quality and attractive

design. The truth is, the manufacturer, who is ever on the alert to anticipate a need, has done so in this case and no longer confines his open stock to ironstone china of hideous pattern. He now offers a compromise between it and the so-called egg-shell china variety, so dainty in design that the most fastidious must endorse it. The question is simply one of good judgment and taste in selection. The care and accounting for the breakage of such china is another story, but it has been proven that this can be compassed.

When it comes to the silver and other accessories necessary for the tray service, it is enough to say that they should be the best that can be afforded and yet keep within the expense limitations of the institution. Not even the most exacting "paying guest," in a hospital expects to find sterling silver on a tray, but it is a positive insult to ask a sick person, whether he pays much, little or nothing at all, to eat with shabby or tarnished silver. Whatever the quality it can be kept up to standard and, further, can attest by its very brightness the daily care it receives.

To sum it all up, given the tools it is then up to the workman. In other words the responsibility rests wholly upon the nurse who serves the tray. She it is who must see that nothing is lacking that contributes to its attractiveness. The nurse who not only knows but does her duty never leaves the diet kitchen with a tray until she gives one last, careful survey to assure herself that nothing has been overlooked. If one thing, more than another, in the way of seeming neglect, is disconcerting to a patient, it is to discover, after the nurse has left the room, that the salt, the sugar, or more often than not, a glass of water or a napkin, has been forgotten.

Once again, the nurse who belongs to the doing not simply the knowing class, sees to it that the hot food is served hot on dishes that have been heated for that purpose, and that cold food is cold and served on cold dishes. These are little things, perhaps, but counting for much when eating is a vital question.

Another important point in tray service is the presentation of the tray, which is very often open to criticism. It is, of course, quite unintentional and more often than not, due to rush of work, but the patient knows nothing of this and when the nurse rushes into the room and dumps (not an elegant word but setting the action) a tray in front of him with the air of "There it is, eat it," he has every right to complain that he does not receive his due amount of attention. One has only to be a bed patient to appreciate what it is to suffer under the stress of someone else's lack of placidity. If ever a calling demands this mannerism it is that of the trained nurse.

It is taken for granted that there is a bedside table on which to place the tray quietly and in such a position that everything on it is within easy reach of the patient. The nurse should tarry long enough to find out whether there is anything else she can do to make the meal a comfortable if not an enjoyable one. The removal of the tray as soon as the patient is finished eating is another important factor of correct tray service. Half emptied dishes are never pleasant things to contemplate for, of a truth, "The full bowl becometh even a honey comb." To a sick person who is at all fastidious the very sight of a tray after it has served its purpose is little short of disgusting.

As to how a tray shall be set up, there is only one way and that is, the right way, the one sanctioned by the etiquette which governs the correct service of food, a place for everything and everything in its place. Because the cover is laid upon a tray, instead of upon a table, does not alter the manner of service. First locate the plate, then place the knife to the right of it, sharp edge toward the plate; to the right of the knife place the spoons in the order in which they are to be used, counting from the right inward towards the plate, with the bowls upward. At the left of the plate place the fork, tines upward. Stand the bread and butter plate over the fork, a little to the left, placing the butter spreader across the right-hand side of the margin of the plate. The napkin is placed at the left of the fork; the cup and saucer at the right of the spoons, with the cup in such a position that it may be easily raised by the handle. The water glass should stand at the point of the knife, a little to the right. Arrange the other dishes to suit the convenience of the patient, always being careful to preserve balance and symmetry.

The foregoing is not intended to be exhaustive. The subject is too large to handle within the prescribed limits of a magazine article, its possibilities are too many. Enough has been said to call attention to the existing necessity for putting more stress upon this feature of the dietetic treatment of disease, a form of treatment being constantly recognized by all leading physicians.

You know the old saying (none the less true because of its triteness), "You may lead a horse to water but you cannot make him drink." The same might be said of dietetic treatment. The doctor prescribes a certain dietary; getting the patient to eat is another proposition. This responsibility of seeing that he does eat devolves wholly upon the nurse. Such being the case, there is certainly no detail of preparation or service too insignificant to receive her careful attention.

THE NURSE'S PART IN THE RECOGNITION OF CANCER OF THE BREAST

By HOWARD LILIENTHAL, M.D., F.A.C.S.

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As a member of the Executive Committee of the American Society for the Control of Cancer I have been asked to contribute to the series of articles on the early symptoms of cancer which the AMERICAN JOURNAL OF NURSING is publishing in order that nurses may be particularly well informed and capable of advising patients in the early and hopeful stages of this disease. I have chosen the subject of mammary cancer.

This is one of the most important forms of malignant disease. It takes the lives of over 7,000 women every year in our country, a very considerable proportion of the 75,000 deaths annually from all forms of cancer in both sexes. Any woman may be attacked, and although rarely seen in men, true cancer of the male breast is by no means unknown. Even children under ten years may have cancer in this part of the body, though most cases occur in women over thirty-five years of age.

What then can the nurse do to help in the campaign to control this disease by the only means now known, namely, early recognition and immediate operation? Should one of your patients or any other person bring to your notice an abnormality of the breast remember it is the nurse's duty to make sure that competent medical advice is secured. It is not your duty to make an exact diagnosis but you should be able to recognize the suspicious signs of any tumor or other mammary condition. Your knowledge will enable you to speak with authority and you, almost as much as the surgeon who operates, may be concerned in saving a useful life. It is not for the nurse to suggest the name of a surgeon or of any other consultant but she should send the patient to her family physician who will make such disposition of the case as he considers proper.

The signs and symptoms suspicious of malignancy in this part of the body are as follows: any lump or unnatural hardness in any part of the breast or in the axilla, or any reddish or brownish discharge from the nipple with or without scarring. The painless lump may be an early stage of cancer. Pain without fever is a particularly evil sign for it often means that the disease is far advanced. Fever would indicate infection with or without new growth. A hardening of the breast without enlargement or even with shrinking in size is

often characteristic of cancer. In these cases there is retraction of the nipple. The pores of the skin become accentuated so that the surface has the appearance of pigskin. In the beginning there is no change of color, not even the faintest redness. Swelling in the armpit may be secondary to a parent cancer of the breast as small as to have escaped observation, though usually a noticeable breast tumor precedes the axillary enlargement.

Incipient cancerous tumors may often be moved about freely by manipulation but when fully developed they adhere to the skin so that the integument does not slip about over the surface of the growth as over a normal mammary gland. Cancer may occur in both breasts simultaneously.

Every tumor of the breast is not a cancer. Many are benign, but these too should be observed and diagnosed by the physician as soon as possible. The mental relief on ascertaining the innocence of a tumor may well be imagined.

Do not attempt to treat a case in which there is the remotest suspicion of cancer. Rubbing and applications may do great harm by "contagious" the disease to other parts of the body.

Cancer of the breast is at first local and completely removable. Later on it becomes constitutional and it is then incurable. The spread, as suggested above, is first to the armpit; next it goes to the neck. In the later stages it may crop out in any part of the body, even in the bones.

The disease spreads in two ways: 1, by growing directly into the adjacent tissues; 2, by extension through the lymph circulation. In late stages cancer may even invade the walls of the blood vessels and thus be transplanted to other regions.

You can help materially to alleviate the suffering and to reduce the mortality of this disease. Timely operation will cure breast cancer. Do not frighten the patient. Educate her and give her hope.

A REAL NURSE—A REAL WOMAN

By EDITH D. HERTLER

Seien, Kansas

"Well, here's a pretty little of fish! Two nurses sick, one to be put on special and two new patients. If old Brownie thinks I'm going to take care of any of them, she has another guess coming!" Kate Altruck, head nurse on Second Hall gave audible vent to her

displeasure as she read the morning orders. As she assigned the work, something of her own spirit was imparted to each nurse who felt, in some indefinite way, that the illness of the nurse and the advent of new patients were a personal affront and hastened to impart her grievance to her favorite patient, interne or physician, as occasion offered. Thus the pernicious influence spread, making its presence felt to the assistant superintendent, Miss Brown, when she made her morning rounds. "Nothing definite, just a feeling of a sinister spirit at work," she explained later to the superintendent.

Meanwhile, a similar problem was being worked out by the head nurse, Miss Morton, on the Third Hall. Before assigning the work she reminded the nurses that one of the tests of a nurse's ability was the manner in which she met emergencies, that the illness of the sister nurses and the attendant extra duties for them that morning was a real emergency, a call upon their moral character, and that the manner of response would affect not alone themselves, their character, their future, but also each patient with whom they came in contact, the physicians and the whole institution. It was an appeal to their better nature and the response was prompt.

While making her morning rounds this head nurse found time to relieve the nurses of many routine tasks, such as combing a patient's hair, soothing a crying baby in the nursery, helping a convalescent out in the wheel chair, etc., yet so quickly and skillfully did she pass from one task to another that she was never absent from her desk when needed by pupil nurses, doctors or visitors. When lunch hour came, knowing from long experience that complaints of overwork would constitute the conversation of the nurses who went down for the second serving, she wisely chose for hall duty the one least likely to be affected by such complaints.

A patient was being taken to the Third Hall as the nurses returned from lunch; the patient was unconscious. "Some internal injury, evidently of a very serious nature, Miss Morton," the attending physician pompously explained. "There is a large bruise on the abdomen, evidenced by a bright red spot. See that an ice bag is kept on this spot constantly. I will come again about 4 o'clock this afternoon." As the nurses had many other duties, the head nurse elected to remain with the patient and to keep the ice bag filled and in position. One after another of the internes came in to see the patient and to examine the bruised spot. Dr. Tarton, the senior interne came last. He examined the spot curiously.

"Has the appearance of this spot changed at all, Miss Morton?"

"I have not detected any change, Doctor."

He looked at her quizzically: "Do you think this is a bruise?" he asked. "I haven't formed any opinion, Doctor." "Meaning, in other words, you refuse to tell me your diagnosis, eh?" and he smiled.

The patient, who for some time had shown symptoms of returning consciousness, groaned, opened his eyes and gazed about, still dazed. "Whatcha doin'," he muttered. The internus explained that he had been injured and must be quiet. "Aw, I'm all right, let me up" and he attempted to sit up. The nurse bent over him as the internus forced him back on the pillow. "The doctor will be here in a short time and if he gives permission you may get up, but until that time you must lie still," she said. The patient turned a rebellious gaze in her direction, but gradually the expression changed. "Well, if you say so, I guess it's all right," he murmured and closed his eyes.

The internus signified his willingness to remain with the patient until the doctor should return. Half an hour later the head nurse and the attending physician entered the room, the internus was bending over the patient.

"Some bruise that, Doctor," remarked the physician stepping to the bedside. "I see you have obeyed my orders very strictly, Miss Morton, the color is not so vivid—." "What yer talking about?" explained the patient, struggling to his elbow. The physician placed a pudgy finger on the bright red spot, "This bruise, my man," he explained. "That?" and the patient fell back on the bed laughing heartily. "Why Doc," he cried, struggling to control his merriment, "Why, Doc, that's always been there, that's a birthmark." The physician's face grew scarlet with chagrin, the internus grew red in the effort to suppress his mirth, the nurse smoothed the patient's pillow, then presented a composed face to the mortified doctor. "The patient has been asking to be allowed to get up, Doctor Latin" and her voice was perfectly calm and matter-of-fact. "Uh, well, I think he may, Miss Morton, and go home as soon as he feels strong enough."

"Beave, Miss Morton, your professional dignity will never undergo a severer test," exclaimed the internus, walking down the corridor beside her. "Poor Doctor Latin, that was such a bad blow to his pride," she laughed.

In the evening Dr. Turton related the incident to the other internus. After the laughter subsided the junior internus asked, "What is the secret of Miss Morton's influence over people? Not a doctor on the staff but will 'Jolly' everyone else from 'jocky' to superintendent, but I've noticed that whenever they address her the most courteous

courtesy is observed. The nurses, too, never complain of her as they do of other head nurses. She is always at peace with the most obstreperous patient, they all respect her authority and the voice of the roughest man in the charity ward takes on a different quality in her presence. It isn't that she lacks spirit, she has wit and a keen sense of humor, but she's just different somehow."

"Yes, I've observed that, too, and wondered," another replied. "tell us, Tarten, Thou Wise One, wherein lies the secret."

"The secret? Are you so lacking in discernment? It's because she is Woman Incarnate!"

THE ADMINISTRATION OF MEDICINES

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(Continued from page 485)

Of the metallic salts the ones which are most frequently administered are the salts of iron. These salts are given either as inorganic or organic preparations. The organic salts are those which are combined with some form of albumin. All iron salts are partly absorbed in the intestinal tract in the form of albuminates. These albuminates are formed by the combination of the iron with the proteid food which may be present in the stomach or intestines, or with the albumins of the cells of the tissues with which they come in contact. When the albuminate is formed by the contact of the iron with the tissue cells as occurs when iron preparations are given in a fluid like water, on an empty stomach, the patient will frequently complain of a burning pain in the stomach.

In giving iron preparations, therefore, the following points must be kept constantly in mind:

(1) The absorption should be aided by giving both fluid and solid preparations in a large quantity (about a glassful) of milk, so that an albuminate of iron will be formed before the drug enters the stomach. In this way, too, the irritating effect on the stomach is avoided.

(2) The iron salts should be given after meals, to avoid irritation, to increase the formation of albuminates and to hasten absorption.

(3) The preparations should be sipped through a glass tube to avoid blackening the teeth by the sulphides of iron which form in the mouth.

THE ADMINISTRATION OF IODIDES

The iodides of potassium and sodium and related compounds are drugs which are given continuously for a considerable length of time. They are rapidly absorbed since they dissociate readily into their iodine and potassium or sodium ions. Because of their rapid dissociation the iodine ions combine readily with the albumins of the cells of the mucous membrane with which they come in contact, forming albuminates. These albuminates are soluble in the excess of albumin with which the cells are bathed and they are therefore readily absorbed.

The combination of the iodides with the tissue albumins often causes the burning pain in the region of the stomach which is occasionally noted after giving iodides.

Rapid absorption is not desired from the iodides, since in most conditions where iodides are used, we desire a continuous, gradual effect for a long time rather than an intense evanescent one.

The slow absorption and avoidance of irritation are best accomplished by giving the preparation before meals in a small quantity (about a wineglassful) of milk, to which a little wine, caraparin or cinnamon water has been added to disguise the taste.

THE ADMINISTRATION OF ALKALOIDS AND THEIR SALTS

The alkaloïds are chemical substances which are capable of inducing all the pharmacological effects of the crude drugs from which they are obtained. They are very insoluble substances and are therefore not readily absorbed. They form salts with acids, however, which are very soluble. These salts readily dissociate into their active alkaloïd ion and the acid radical ion which are then absorbed. Since the alkaloïd salts are the active principles of their crude drugs devoid of all extraneous matter and readily soluble, they are the best preparations from which to obtain rapid reliable effects.

The various salts of the alkaloïds vary in their dissociating power in the following order: the hydrochlorides and chlorides dissociate most rapidly, while the sulphates, nitrates and the salts of the organic acids have, respectively, a lower dissociating power so that the alkaloïd salts of the organic acids have a relatively low dissociating power and are therefore slowly absorbed.

When the alkaloïd salts of a drug are administered, rapid effects are usually desired. To obtain these effects they should be administered in a dilute watery solution. The alkaloïd salts should therefore be given in about a wineglassful of water. The bitter taste of

most alkaloids is thus greatly lessened, but a little syrup, raspberry juice or cinnamon water may be added with a very bitter alkaloid like strychnine.

It has long been known empirically that very dilute solutions of the alkaloids are the most efficient preparations of these drugs. For example, the popularity of Magendie's solution of morphine sulphate is due to the fact that it is a 1-30 watery solution which is rapidly dissipated and rapidly absorbed. A more dilute watery solution of morphine hydrochloride would be even better. Such solutions are frequently used in Germany.

THE ADMINISTRATION OF GLUCOSIDES

Most of the glucosides are relatively insoluble substances, which are therefore not readily absorbed. They are very slowly absorbed, however, from many of the galenical preparations of their crude drugs such as tinctures, infusions, fluid extracts, etc. We shall consider the administration of these together with the other galenical preparations.

There are, however, a number of new preparations of soluble glucosides such as the digitalis glucosides. Of these perhaps the most commonly used preparation is digalin. Such preparations, which are usually given for rapid effects, should be administered in about a wineglassful of water flavored with just a little syrup.

THE ADMINISTRATION OF GALENICALS

By galenical preparations we mean those preparations of crude drugs made by purely physical means, such as extracts, tinctures, infusions, fluid extracts, etc. These preparations contain the crude drug in a more or less diluted form. Naturally, since a drug can only be absorbed when it is in a fluid form, the fluid preparations are more active than the solid ones. The dilute, watery solutions of drugs, such as the infusions and fluid extracts are the most efficient according to the basic principles which we have previously laid down. The solid preparations will only be active when they are dissolved before administration or in the gastric or intestinal juices.

The effects of the galenical preparations are due to the active principles which they contain. The absorption of these active principles is increased by diluting the dose to be given with water up to a wineglassful, at least. Preparations that have an unpleasant taste should be given in a little syrup, raspberry juice or wine.

The effects from gaseous preparations appear very slowly because the active principles which produce their effects are but slowly absorbed from the continuous matter in which they are contained. For rapid, reliable effects the alkaloidal salts are preferable.

THE ADMINISTRATION OF HYPNOTICS

Most of the drugs used as hypnotics are substances of a comparatively complex chemical structure. They therefore dissociate but slowly into their constituent active ions. Besides, the effects usually desired from the hypnotics are not sudden, evanescent ones but rather continuous effects to last for hours. Such effects are obtained when these drugs are slowly dissociated and therefore slowly absorbed. This can be accomplished when the hypnotics are administered in about a tablespoonful of warm milk or in beer, given about a half to two hours before the usual bedtime; the time for administration depending upon the rapidity of absorption of the particular drug.

With a drug like sulphonal which is very slowly absorbed, the rate of absorption may be somewhat increased by diluting the milk in which it is given, with water.

With a drug like chloral it is particularly essential to avoid giving it in water. In such a fluid it becomes more rapidly dissociated and a large number of poisonous chlorine compounds may be formed which would tend to increase the untoward symptoms or even produce mild poisonous symptoms.

THE ADMINISTRATION OF COAL TAR DERIVATIVES AND THE NEWER SYNTHETIC DRUGS

In this group of drugs we include such substances as phenacetin, acetanilid, antipyrin, pyrazolidin and many of their derivatives. I shall also include in this group salicylic acid and its newer compounds such as aspirin, etc.

The members of this group are all drugs which have a relatively complex chemical structure and are therefore very slowly dissociated and absorbed. Slow dissociation and slow absorption are desired from these drugs. Whenever they are given we desire to obtain a continuous effect for several hours and not an evanescent one. This is accomplished by giving them in a wineglassful of wine or milk. Wine is perhaps preferable as the alcohol would tend to overcome some of the depressing effects which some of the coal tar have on the heart.

With the coal tar drugs slow dissociation and absorption are especially desirable. The effects of most of the coal tar drugs are due to a substance paramidophenol or its derivatives which are formed from them. These substances, which are produced by the dissociation of the coal tar drugs, produce the anodyne effect as well as the depressing effect on the heart and the methaemoglobinemia. If the drug is slowly dissociated relatively small quantities of paramidophenol and its derivatives are formed at one time, so that the poisonous effects are minimized and a slow, continual anodyne action is obtained.

THE ADMINISTRATION OF OILS

Oils are given either for nourishment or as laxatives. The mode of action of oils differs from that of most drugs. When an oil is ingested it enters the stomach and then passes into the intestines. Here it becomes broken up into fine globules (emulsified) by the bile and pancreatic juices. These globules are then broken up into their constituent fatty acids and then combined again and stored up in the body as adipose or fatty tissue. Many of the fatty acids combine with the alkalies of the intestinal juice forming soaps. Many of these soaps such as stearates, formed when castor oil is given, have a decided cathartic action. Since the oil is first emulsified in the intestines before it is broken up, its action will be facilitated when it is given in the form of an emulsion. This is accomplished by giving the oil in the form of an emulsion with acroparilla or in a syrup.

Many oils such as castor oil have a very unpleasant taste which must first be disguised before patients will take it. The taste can be disguised by administering it in the form of a cocktail with wine or lemon juice or in an emulsion with acroparilla. In this way the large globules of oil or the individual small globules of the emulsion are coated with raspberry juice, lemon juice or whiskey which come in contact with the taste buds of the tongue and the unpleasant taste of the oil is avoided. In administering oils, such as castor oil, for cathartic effects, it is not essential to have fresh oil. Old rancid oil is often better since it consists mostly of the fatty acids which facilitate the formation of the active soaps.

THE ADMINISTRATION OF HYDROCARBONS

In the group of hydrocarbons we classify such drugs as the paraffins, Russian mineral oil, choline, liquid vasoline and related substances. These substances have recently come into general use as cathartics.

They are especially valuable in chronic constipation and in those cases due to fine adhesions of the intestine. They are not absorbed, the mode of action being due to the very high specific gravity of these substances. Because of their weight they will pass through the intestinal tract, carrying fecal matter along, and overcome the resistance of the intestinal atony and possible adhesions. In administering these substances it is essential to avoid breaking up the hydrocarbons into fine globules (emulsifying it). In such a way the hydrocarbons may become divided in the intestine into small particles separated from one another, each in itself not being sufficiently heavy to induce any effect. The hydrocarbons are, therefore, best given in a wineglass to which nothing has been added except a little peppermint or cinnamon water to overcome the rather bland taste.

HYPODERMIC ADMINISTRATION

Rapid and reliable effects are obtained from any remedy when it is given subcutaneously in a dilute watery solution. The drug to be administered is usually dissolved in sterile water either in the dose occurring in the form of a tablet or taken from a standard stock solution after the required dose has been calculated.¹ Since the dissolution and absorption of the drug usually increases with the dilution of the solution, it is best to fill up the hypodermic syringe with sterile water to its full capacity after it has been filled with the required dose. This increases the absorption and induces more rapid effects.

INTRAMUSCULAR ADMINISTRATION

Administration of remedies intramuscularly produces even more rapid effects than hypodermic administration. The drug is usually given with a hypodermic syringe and a large firm needle which is injected perpendicularly deep into the muscles of one of the buttocks or the anterior aspect of the thigh. The solution of the drug should be well diluted to the full capacity of the syringe to aid absorption. Many substances are given intramuscularly which are quite irritating to the tissues. The irritation is due to the slow absorption of some of the drugs which allows them to remain in contact with the tissues for a considerable time and injure them. By giving such substances

¹ For methods of calculation and preparation of required doses, see chapter on Solutions in author's *Native Medicines for Nurses*.

well diluted in water, the absorption is aided while the irritation is lessened.

Many substances, such as some mercury preparations, are given for slow absorption. This is best accomplished by giving the preparation in oil, a fluid in which very slow dissociation takes place and which is not irritating to the tissues.

Recently there has been quite a tendency to give all needle medication intramuscularly rather than hypodermically because of the surer effects thus obtained.

RECTAL ADMINISTRATION FOR ABSORPTION

Remedies are frequently given by the rectum to obtain general effects, when the patient is unable to take them by mouth.

The drugs may be given in the form of suppositories, which consist of a mass of cocoa butter impregnated with the drug. A much more efficient method of rectal administration is by means of rectoscopy or Murphy method.

This method consists of allowing the drug to enter the rectum through a catheter from a specially arranged apparatus at the bedside. The essential feature of this method is that the fluid containing the drug enters the rectum drop by drop so that it may be rapidly absorbed. The drug to be administered is prepared for absorption by remaining in a large quantity (about a pint to a quart) of water. This permits the drug to become thoroughly dissociated into its ions before entering the rectum. Water is the best solvent for administration by rectoscopy. It is much better than normal salt solution which was formerly used, because the blood will not absorb saline solution unless its salt content is less than 0.9 per cent.

Rectoscopy is perhaps the best method for administering all drugs for continual effect since the large quantity of water in which they are administered and the long time it takes to administer them allow the drug to become thoroughly dissociated into its ions thereby being rapidly absorbed and enhancing its efficiency. At the same time chemical changes between the drug and the gastric and intestinal juices are avoided. These factors may often account for the failure to obtain results from many substances. Many remedies, such as the cathartics, are being administered in many institutions by the rectoscopy method. The method will no doubt come more into vogue for the administration of other remedies as well.

ADMINISTRATION BY INHALATION

Many drugs are frequently given by inhalation. The drug to be given is usually dissolved in boiling water which is kept boiling constantly so that steam is formed. The steam is then inhaled while the patient sits under an improvised tent. If an inhalation bottle is not available the drug can be dissolved in a dish of boiling hot water, the steam of which is inhaled.

Some drugs, such as stramonium are frequently given by inhalation. The patient inhales the fumes formed by burning the leaves in a saucer. Much better effects, however, can be obtained by smoking the cigarettes made from such leaves.

ADMINISTRATION BY INUNCTIONS

Drugs are frequently absorbed by the skin when they are given by means of inunctions or "rubbing." The drug is applied in the form of an ointment which is thoroughly rubbed alternately on various parts of the body. Six successive daily rubbings on various parts of the body are considered a course. On the seventh day the patient receives a bath and the course is begun again.

The usual regions of the body where inunctions are applied are the arms, the forearms, the thighs, the chest and back. In giving inunctions the nurse must wear leather gloves to avoid absorbing the drug herself. The efficiency of the inunction method depends largely upon how vigorously the inunctions are given.

ADMINISTRATION BY VAPOR

Many substances such as mercury are frequently given by means of vapor formed by burning some of their preparations. The patient sits in a small closed cabinet over a dish containing the drug which is burned. The vapors thus formed are absorbed by the skin of the patient and produce the effects of the drug.

Based on Photochemical Loss

[illegible]

RESPONSIBILITY OF DISEASED TEETH FOR IMPAIRED HEALTH

By HARRIETTE BOUTELLE HUTCHINGS, R.N.

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About two-thirds of all the abnormal health conditions of today are due to neglected teeth; and dental caries has become a chronic human disease. Few other forms of disease known have made such appalling and extensive onslaughts on the health conditions of the human race as has this innumerable, unseen condition of neglected teeth.

When one realizes that diseased teeth lead up to indigestion, nervousness, a debilitated and even anemic condition, to heart, throat and ear complications and that many times they promote acute infectious diseases, it is even that neglected teeth are directly responsible for, or add to, most of the general ill-health of the human race. It is, on the whole, a people's disease and the joy of living certainly depends (it seems to me) fully as much upon healthy teeth, as it does upon our otherwise general education and our religion.

The question is, how may we overcome this condition of affairs? Science is busy all the time with the struggle to banish the white plague (so called), and to overcome numerous infectious and contagious diseases. Why not start right work along the line of healthy teeth, as well? Begin early, teach the child from its earliest understanding age the great importance of this matter, and do not merely tell the child, leaving it to do or not to do, but see to it personally that the children's teeth are properly brushed each day, especially after meals and at bed time. Be careful to use some good, harmless antiseptic, such as Listerine or Saller's tablets dissolved, as a mouth wash and gargle. Tincture of myrrh, if used, a few drops to half a glass of water, rinsing the mouth thoroughly with it, will help to make the gums firm and healthy.

So much for that. Next comes the all important question of the care and inspection of the teeth (at least every six months), by a good reliable dentist. This is imperative for both children and grownups if they wish to preserve their teeth and good health.

One of the greatest advances in dental surgery today is that called prophylactic treatment. Had the dental associations started this work a few years earlier, marvelous benefit to human health might have proven its great worth. This prophylactic treatment is a process of carefully sweeping away from the teeth (going well up under the edge of the gums) all tartar accumulations which if left on the teeth

soon make and havoc of them, starting that most deplorable condition called Riggs' Disease which, once well started, cannot be satisfactorily grappled with for there is no cure. In other words, once the teeth are loosened by this condition caused by Riggs' Disease, they can never be gotten back to a normal condition.

Since the time of the visiting or school nurses and doctors, there has been a decided improvement in health among school children in every way. Before this work began, thousands of children were suffering from decayed teeth or unhealthy conditions of the same, for many of these children and their parents as well, had no idea of the importance of strict hygienic conditions in living. We must give them credit for striving for business education, to get ahead and to gather money, especially those of the foreign element, but how can children grow up healthy, strong and brainy if hygienic conditions, both for the home and the body are not enforced?

Diseased teeth will impair the healthy condition of children both morally and physically. They cause depression, nervousness and a more or less miserable life. Who can feel well and happy with the teeth diseased, some cavity collecting food, to become putrid and full of bacterial growth which eventually works its way along to the stomach, through the entire alimentary canal, leaving, as it goes, a deadly trail? Again, it may be some gum boil or alveolar abscess which causes intense agony while its poisonous work is going on. Think of the toxic effect of pus which is absorbed directly into the blood or taken into the stomach and intestines.

To be sure we have today some marvelous creations by way of false teeth, and many of them, I admit, are works of art, but to my mind in everything, there is nothing like the real, be the imitation ever so perfect.

So let us take a firm stand for good teeth, to insure good health and, with unceasing vigilance, push the work along.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

German women are asked to give their gold wedding rings to aid in the defense of their fatherland and to wear, instead, rings made of iron.

The British War Office has decided that after certain changes have been made in Dublin Castle, the residence of the Lord Lieutenant of Ireland, a Red Cross Hospital of about 250 beds shall be established there. There will be four house surgeons, eleven surgeons, two X-ray surgeons, a number of physicians and a large nursing staff attached to it.

The Maharajah Scindia of Gwalior, India, presented King George with forty-one motor ambulances, four motor-cars for officers, five motor trucks and repair wagons and ten motor-cycles. On the front of each was a brass plate stating that it was a gift from the Maharajah.

The Red Cross supplies the wounded passing through Boulogne from the front with cocoa, tea, soup, bread and butter, bacon, chocolate and cigarettes. In five weeks 30,000 men had been ministered to in this way.

The women of the American Church in Dresden have organized a branch of the Red Cross and made over 4000 articles of clothing for wounded German soldiers and for those in active service. The American Colony in Munich supports a Red Cross Hospital. A new American Hospital with fifty beds has been fitted up in a handsome villa on the Promenade Anglaise, Nice, facing the sea. Every man leaving it to return to the front is fully fitted out with warm clothing from head to foot.

The Canadian Red Cross has contributed \$75,000 in money and paid for twelve motor ambulances as a gift to the British Red Cross. It has also given \$6600 to supply one coach in the Princess Christian's hospital train. It has given, besides, large numbers of blankets, about 10,000, and contributed vast quantities of socks and flannel shirts.

It also contributed over \$12,000 to equip a ward in the hospital opened in France by the St. John Ambulance Association. This is in addition to all that it gave for the comfort of the Canadian contingents.

Seventeen nurses of the Russian Red Cross have been killed on the field of battle or have died of wounds received while performing their duty. One of the latest, Mlle. Ludmilla Alekinsky, died of blood poisoning following a wound of the shoulder. She had been wounded in the hand during a previous battle. Once a doctor whom she was assisting was killed by a bursting shell and she herself was stunned. During one battle she was under fire for seventeen hours. An official eye-witness, attached to the staff of the Grand Duke Nicholas, the Russian commander-in-chief, says that nurses have shown conspicuous bravery.

Japanese women and children are busily engaged in making warm clothing for the Belgians.

The Allies have received sympathy and assistance from unexpected sources. The Lama of Thibet ordered prayers for the success of the British arms. The Moslems of Freetown, West Africa, said, "Being powerless and feeble, we have no other means of helping our Great King in the war than that of prayer to Allah. This we have been daily offering since the outbreak of hostilities." The Blackfoot Indians assure the empire of their support and send \$1200 to be used in whatever way the government deems best.

An old French curé, near Nantes, has taken into his own house eight refugees, women and children. They came with the garments they had worn for five weeks, without a chance to change them and nothing to change them with. Their needs were supplied through the generosity of Americans in Paris.

Seventy Canadian nurses were sent to reinforce the nurses on duty at Salisbury Plain with the Canadian first contingent. The nurses who went at first had little to do. A hospital was established in France and all the nurses but twelve were sent to it. Illness following the bad weather made the reinforcement necessary. One hundred and three nurses will be sent with the second contingent.

Langton, the princely home of the Marquis of Bath, where some of the original folios of Chaucer are preserved and where Queen Eliza-



AMERICAN RED CROSS HOSPITAL, MUNICH

beth was once a guest, is filled with wounded soldiers. Eaton Hall, near Chester, the residence of the Duke of Westminster, who is himself fighting in the trenches, has been placed at the disposal of the Red Cross Society and is filled with men. Chatsworth, the home of the Duke of Devonshire; Blenheim, of the Duke of Marlborough; Highclere Castle, where the Kaiser came a few years ago for rest when in ill health, have all been opened for the reception of wounded. There is not a single large country seat in England that has not been offered to the War Office for this purpose. In most cases the owners assume all the cost.

McGill College, Montreal, is establishing a hospital at the front. The medical and surgical staff is composed entirely of McGill graduates. The nurses are drawn from the Royal Victoria and Montreal General Hospitals, twenty-one from each institution. There were between eighty and one hundred applications from the nurses at the Royal Victoria and fifty-five from the Montreal General Hospital. The test has been severe, as not only is efficiency required but the nurses must speak French as well as English. They are to have a short course in the military hospital at Quebec, before sailing.

Some of the nurses going with the expeditionary forces have been trained in American hospitals. Among many others may be mentioned Edith Hegan, a graduate of the Presbyterian Hospital, New York, and Margaret Dibblee of the Newport Hospital, Newport, Rhode Island.

With the assistance of the St. John Ambulance Association, a complete hospital unit has been sent to Uskub for the use of the Servians. Wounded Servians and Austrians are alike cared for there. It is said that the need in Serbia is urgent.

The Indian Army Medical Service Corps has converted the casino at San Stefano, a seaside resort near Alexandria, into a hospital with 300 beds for Indian native troops. Three hundred will be added each week until the total number is 1100.

The Russian hospital railways carriages are said to be far in advance of anything used on the western battle front. They also have bath trains, where the soldiers can obtain hot baths, have their hair cut and be shaved. After the bath they are provided with clean, dry clothing.

A second letter received from Mlle. Luigi in Rheims says in part:

We have suffered much from the bombardment of the fourth of December. The Isolation Pavilion has been destroyed, fortunately no one was killed. The head nurse had just time to hurry everyone down to the cellar near the central boiler. Some of the shells destroyed our bakery and the nurses' rooms which had already been bombarded five times. The poor nurses are still camping in every corner they can find on the ground floor, in the underground cellars, etc. I have made them bring down their beds. How one gets used to everything. They take things philosophically! I always have some wards in the cellars filled with patients. It is gloomy and unhealthy! Just think! the town has been bombarded every day for more than four months. Around the hospital, within a radius of thirty yards, nearly a hundred shells have fallen. Acknowledge that one must not be very nervous to stand it and the French get the credit of being nervous!

Very little has been heard directly from the nurses in Serbia. We give extracts below from a letter written by one of the second unit of Red Cross nurses sent to the president of her own alumnae association. We believe that when the Red Cross nurses return we shall hear more of the practical than of the romantic side of the work.

We arrived here three weeks ago, and began our duties at once. Two weeks before we reached this place, an American doctor with his nurse-wife, arrived from Chicago and took over the care of 2000 wounded. A factory run by the Sultan of Turkey, but abandoned after Serbia's victory over the Turks two years ago, had been cleaned and converted into a hospital, or rather a shelter for the men, who were suffering from exposure, hunger and neglect. The big battle in Belgrade had been won and every public building was full of wounded.

Try to picture 2000 lying on beds of straw on the floors of a dark, damp, old shed. Half of the wounded were Austrians. The horrors you must wait to be told!

We have worked hard, and will in another week move to a better building, properly cleaned and white-washed, with a stool here and there, kerosene lamps, with orderlies (plenty of prisoners for that part) and beds for 200 of the acutely ill and seriously wounded. We expect no small pox or cholera until the arrival of warm weather. We have sterilizers, a laboratory and X-ray machine and will be prepared to do a great deal after the style of camp nursing, which differs greatly from that of ———Hospital, which you can easily realize.

Personally, the hardships are not easy to bear. I am selfish and feel keenly the loss of heat, light and other comforts. Water is as precious as alcohol is to the average hospital. We get enough to eat, and have now an army cot and tiny wood stove in our shelter in one of the sheds used by the Sultan as a store-room for the special looms on which silk was made for his harem. All about us are mulberry trees for the silk worms, silk growing being one of the chief industries of the district. Snow-covered mountains close us in from all civilization, and we are totally ignorant of the doings of the great world. I have had no news yet from the United States, though, I suppose, letters have been sent. The letters just don't get through. The mail and news I really pine for—all the rest is what I expected, and even better, for we are safe and get food. The uncertainty was once a bit thrilling; you know the terrors we anticipate are often worse than the realities.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

EUROPEAN SERVICE

On February 27 four nurses sailed on the steamship *Rotterdam* for Holland, proceeding then to Germany to relieve others returning home at the end of their six months' period of service. In this group were: Florence Ulmer, Louise Hoelderlin, Edith L. Wood, and Caroline Bauer. Miss Ulmer speaks German, is a graduate of Bellevue Hospital Training School, class of 1912. She was a graduate head nurse at Bellevue and gave up this position for service abroad. Louise Hoelderlin speaks German and French, is a graduate of New York Post-Graduate Hospital, class of 1912, and since graduation has been in the operating room at Sloan Maternity Hospital, which position she gave up to go to Europe. Edith L. Wood, is a graduate of the Protestant Episcopal Hospital, Philadelphia, class of 1910, where she has been employed since graduation as head nurse in a surgical ward, and for the past two years as anaesthetist. Caroline Bauer speaks German, is a graduate of the German Hospital, Philadelphia, class of 1911, where she has spent a good deal of time on special duty since graduation.

On March 16, six nurses sailed for Serbia, via Greece. They proceeded to Belgrade to be assigned to duty under Mary E. Gladwin, relieving others who are returning. A more detailed account will be given later of those selected for this service. Of those who sailed for Europe on the ship *Red Cross* in September, a very small number have asked to be relieved at the expiration of the six months for which they agreed to serve.

A most interesting letter has recently been received from a graduate of Roosevelt Hospital, New York City, who went to Serbia last summer with a group of nurses from England and has lately returned there after a short visit to New York.

She says:

I was in England on a vacation when war was declared and was one of eight nurses who volunteered and proceeded to Serbia two days after the expeditionary force had crossed over to France. To be a nurse is the most wonderful pos-

port one can have when travelling on the continent in war time. Everyone wants to help you, and the soldiers at the stations cheer you with cries of "Vive l'Angleterre," or "Vive l'Americaine" and "Bonne Chance."

We were the first nurses in Serbia, in fact I may say that we were the only nurses in the country who professed to have any training at all. We immediately placed ourselves at the disposal of the Serbian Red Cross Society which sent us up country to a little town called Kragujevats.

The hospital consisted of two low white-washed buildings which in ordinary times would be used as a barracks, in which over a thousand rough iron cots had been placed with sacks stuffed with straw for mattresses, one small pillow also of straw, one sheet and one thick army blanket to each. We had none of the equipment or conveniences of an ordinary hospital, not even running water. The number of patients was always twelve or thirteen hundred. When we first went to Kragujevats I remember standing appalled as batch after batch of fresh wounded were brought in, wondering how far the very few words of Serbian which I had learned on the trip out would carry me.

Passing through one of the corridors one day, I stopped on seeing a man try to get a better position for his leg which had been terribly injured. I moved it a little and was much surprised to hear him say, "Him leg not much good, pretty bad." I asked him if he spoke English and he said, "No, American." He had worked in the mines in Colorado for three years and had acquired a good amount of "American."

Of course we tried to learn the language, but our efforts at first met with very poor success. I remember asking one man to "Open his window and put out a tongue" thinking that I was speaking the most correct Serbian. I thought I had asked him to open his mouth.

Most of the minor operations are performed without an anaesthetic, as we had to keep it for major cases. It is really strange how the patients respond to a little care. Given a cup of hot tea and a cigarette, they seem to forget all their troubles for the time being and they are so grateful for help from the outside world.

I was privileged, with another nurse, to go to Belgrade before leaving Serbia and while there visited the one military hospital where I met Doctor Ryan and Miss Gladwin, who are in charge of the first American Red Cross Unit to Serbia. It was so good to hear one's own tongue again and to exchange ideas about the land of the Stars and Stripes, to say nothing of the progress of the war.

Looking round at the beautifully built, well appointed hospital, the immaculately kept wards with real hospital beds and a bath room at the end of each, it seemed as if we were in America again and later, when we were allowed to accompany Miss Gladwin on her rounds, it seemed so wonderful to hear her call a sufferer by name and say a few words of comfort to him. A look of almost adoration spread from face to face as she passed along. They all love the "Seutras Americains." I said to Miss Gladwin that we had all read the wonderful experiences of Florence Nightingale in Scutari not so very far away but we are privileged, in a small measure, to realise some of them here in Serbia.

The writer of the above paragraphs has now recently returned to Serbia with large quantities of supplies, the money for which she raised in this country. This being the third war in two years in which Serbia has taken a part, there is great scarcity of hospital supplies of every sort.

When the writer volunteered to go to New York and raise funds and buy material to take back to Servin the offer was most gratefully accepted by Colonel Seubottich, the vice president of the Servian Red Cross. Servin is so situated that she has no neighbors from whom she can buy or borrow. While the soldiers have wonderful pluck and endurance, with no First Aid on the field, no ambulances and very few and primitive railroad facilities, it can be imagined that personnel and supplies are badly needed.

ITEMS

The grey crepe selected as the permanent Red Cross uniform, and which has been imported from Japan for the purpose, has been given to a reputable firm which furnishes an exceedingly well made and presentable looking garment at a very reasonable cost. It would seem desirable to have in the various localities, as many Red Cross nurses as possible provided with these uniforms. The National Committee has, therefore, arranged to supply any enrolled nurse with one or two of these at a cost of \$2 each, plus the postage. If any nurse, or group of nurses, wish to purchase the material to make their own uniforms they may obtain bolts of 20 yards, 30 inches wide, at \$3 a bolt, and patterns for 15 cents. To this must be added the postage on four pounds for each bolt for the various zones; postage for the uniforms would, of course, depend upon the number ordered. Orders for both uniforms and material must be sent to the chairman of the National Committee on Red Cross Nursing Service, accompanied by a check or money order payable to the American Red Cross and including postage.

Enrolled nurses attending the Exposition at San Francisco will find an interesting exhibit of pictures of the disasters in which the Red Cross has called upon enrolled nurses for service, with the uniform and other objects relative to the work of Red Cross nurses.

A course in dietetics has recently been inaugurated in the District of Columbia with the object of teaching the value of various foods in maintaining health and efficiency. It is conducted by a graduate of Pratt Institute and follows a prepared outline consisting of ten lessons with demonstrations. This is the third course in the courses of instruction for Women and is intended, as is the course in Elementary Hygiene and Home Care of the Sick, to fit women for better and more efficient service in the care and management of their homes and families.

AMERICAN RED CROSS TOWN AND COUNTRY NURSING SERVICE

By FANNIE F. CLEMENT, R.N.

The question is very frequently asked as to whether visiting nurses are willing to leave the cities to work in small towns and rural districts. To those who are accustomed to country life or who have lived for any length of time outside the larger cities, rural nursing seems to make the strongest appeal. Of the applicants applying to the Town and Country Nursing Service the past year, 76 per cent had been brought up in the country or had lived there the greater part of their lives. There are certainly distinct advantages in Red Cross visiting nurses being familiar with country people, aside from the fact that they are so well able to appreciate what public health nursing may mean to them.

Although many of the nurses appointed for service under this branch of the Red Cross have had partial or complete high school education or an equivalent, a definite standard in regard to preliminary education has but recently been adopted by the Committee on Town and Country Nursing Service. In future candidates will be expected to have had a minimum of two years of high school or what may be termed an equivalent, in order to be considered for appointment. Study and experience subsequent to schooling will be taken into consideration when determining the "equivalent." The responsibilities devolving upon the isolated workers in the smaller communities indicate the need of the best educated women.

The first issue of the leaflet to be known as *The Red Cross Visiting Nurse* has been sent out by the Town and Country Nursing Service to its members and affiliated organizations. It is the purpose of the Red Cross, by means of such a leaflet issued frequently, to distribute ideas that will help its visiting nurses to grow more useful to the communities which they serve and that will aid nursing organizations in their efforts to standardize their work and develop it on the broadest community basis. It should, furthermore, help those of us who are interested in this form of community service to bring into the work unity in aim and method to a greater degree, thus exemplifying more fully the value in organized effort which the Town and Country Nursing Service represents. *The Red Cross Visiting Nurse* should serve as a medium of communication between members of the Town and Country Nursing Service and affiliated organizations, familiarizing them with one another's work and assisting them in their mutual problems. Items of interest regarding the personnel of the Service will be included.

In response to many inquiries for a visiting nurse bag equipped for workers in the smaller communities, a Red Cross Visiting Nurse's bag has been procured and will be furnished affiliated organizations at cost, the Red Cross allowing them the benefit of wholesale rates at which the goods are purchased. The various rural nurses were consulted as to just what equipment they found useful and the equipment includes as essentials such articles as appeared to be in general use.

Owing to her continued absence from the country, Mrs. Whitlaw Reid has resigned as Chairman of the Committee on Town and Country Nursing Service. The National Relief Board of the Red Cross has appointed Mrs. Harriet Blaine Beale, of Washington, D. C., to succeed Mrs. Reid in this position. Mrs. Beale for a number of years has been connected with the Visiting Nurse Society of Washington and has taken an active part in its administration. Her familiarity with nursing affairs should qualify her particularly for the new duties she has assumed for the Red Cross.

HEALTH OF SERVIAN NURSES

The latest news received by Miss Dolano from Servia at the time we close our pages was contained in a cablegram from Miss Krueger who has been seriously ill with pneumonia, saying that she is well on the road to recovery and that there have been no fatalities among the nurses, though a number have been ill with typhus fever. As soon as the Red Cross knew of these conditions, it called on the unit in Pau for one volunteer physician and three volunteer nurses who left promptly for Servia to care for them. The second Servian unit has been withdrawn to Saloniki, Greece.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

Osso. Dayton. A daily gift of 15 gallons of milk to the Visiting Nurse Association is being distributed in a very ingenious way. To quote from the monthly report of the superintendent Elizabeth G. Fox (Johns Hopkins):

The milk is to be delivered at the milk station in the Arcade daily. The Dayton Paper Box Company has given us 2000 paper milk bottles. Lavinia will bottle the milk as soon as it comes, then one of the sanitary officers will distribute it to four schools: Webster in North Dayton; Washington out near Springfield St.; Edison in the west side Hungarian district; and Garfield in the colored district. I have had some tickets typewritten. The nurses will distribute these to from 40 to 50 families in which there is tuberculosis or small children and an insufficient income to feed them. These children will then take the tickets to the principal of one of these schools who will give them the milk daily as they go home from school. In this way we are going to be able to put a quart of milk daily into from 40 to 50 homes where it is most needed, at no expense whatever.

"No expense," good thinking and additional work for several people, assumed willingly, that a much-needed article of diet may reach as many homes as possible. This is indeed the true spirit of social service. Dayton now has twelve public health nurses, a second nurse being supported by the Tuberculosis Society. The directors of the Visiting Nurse Association are also putting on an emergency nurse. The work has more than doubled during the past year.

ILLINOIS. The nurses of the Visiting Nurse Association of Chicago report that the unemployment situation has made their work much more difficult. A great deal of illness is being reported and the work has increased steadily since November first. Many people who have never sought help of any kind before are now asking for visiting nurse care. One workman visited the main office recently and left a dollar, saying he was hard up when the nurse cared for his wife but that he didn't want the Association to feel that he wasn't properly grateful for its care of her. The problem of food and fuel in many homes is a serious one.

At the February meeting of the directors, three additional relief nurses were added to the staff, making a total of 73 nurses. A new

half-time industrial district has also been opened recently. A former half-time industrial nurse used to give her morning to plant work and calls but this proved unsatisfactory, so the experiment is being tried of putting the nurse in the industrial district Monday, Wednesday and Friday and for relief in the general districts on the other three days. This plan is working out very well. Alma Carlstrom (Washington Park Hospital) has been given this appointment.

An interesting paper on "The Treatment of Varicose Ulcers in District Homes" was prepared by Mary Pritchard and Mary Strain (Henrotin Memorial Hospital) and read at the February staff meeting of the Visiting Nurse Association. Other papers on visiting nurse problems are in the process of preparation. This idea was borrowed from the "Nurses' Study Class of the Tuberculosis Visiting Nurses," which has had papers prepared by its own staff members, read at its regular monthly meetings for the past year. The first six of these papers have been published in pamphlet form and is a helpful addition to tuberculosis nursing literature. The tuberculosis staff now has 55 nurses and all of the tuberculosis nursing work in the city, bed-side care as well as instructive and dispensary work, is being done by them.

The Infant Welfare Society doubled its nursing staff in 1914 and now has 24 nurses. In the recent fine Public Health Exhibition at the City Club, its section was one of the most frequently visited.

The Illinois Society for Mental Hygiene has recently opened a workshop where its border line and convalescent patients will be given employment. Recently the Society exhibited an old fashioned bed quilt that was beautifully handmade. Every stitch was taken by a "queer" little woman more than 70 years old whose neighbors were anxious to have her declared insane that she might be removed to an institution. The poor old soul was lonely and idle and cross. As soon as materials for this work were given her, her mental condition cleared as if by magic. The quilt was sold for \$100 and proud indeed was its maker when she was told that she might make as many more as she pleased.

Iowa. A special Infant Welfare Nurse for Des Moines was supported by the Visiting Nurse Association and the city during the summer of 1914 and a very systematic effort was made to reach all the babies. Three hundred and fifteen babies were cared for, a special conference was held twice a week and all of the visiting nurses taught milk modification in the babies' homes and emphasized both the pre-natal and baby instruction.

VACATION SKETCHES

(Continued from page 585)

Tuesday, August 11. Spent the morning making rounds with Miss Wallace of the staff of the Nurses' Home in Beesborough Gardens, supported by the Westminster Nursing Committee and affiliated with the Queen Victoria Jubilee Institute for Nurses. Four nurses and their superintendent, Grace H. Vaughan, live at this home of which there was time only for a glimpse into a very comfortable nurses' sitting-room and a well stocked supply-room. The staff uniform consists of a dark blue gingham dress made with sleeves that come just below the elbow; long cuffs of the same material reach to the elbow and are fastened by an elastic band, thus doing away with the need of removing white cuffs and rolling up one's sleeves. (White cuffs are attractive only when fresh and there is loss of motion in their very frequent removal, whether pins or buttons are used.) A white apron of butcher's cotton, made hospital-bib fashion with long straps crossed over the back and a stiff bishop's collar fastened with one button in front, complete the indoor costume. The outdoor one consists of a long blue cape made with a fitted yoke and a small blue straw bonnet with no veil but fastened under the chin with white linen strings and bow. The apron is worn under the cape and is not removed between visits. The bag was a black satchel with a removable cotton lining, and although well stocked with turpentine, methylated spirits and a disinfectant, three ointment tins, boracic and starch powder, an instrument case, an enema syringe, a rectal tube and funnel and three small dressing basins, was light to carry, weighing probably less than six pounds. One especially good feature was an outside pocket for papers, records, fountain pen, etc., which were protected by a leathern flap fastened by two small clasps. Uncorked lye or sweet oil bottles can't injure the papers of a Queen's nurse, nor need the contents of a whole bag be exposed to dust in a hasty search for a card or a fountain pen.

Our calls took us through side streets, most of which were lined with monotonous rows of two-story cottages that are indeed better than our high tenements but not so comfortable as our small individual homes. This was not at all a pauper district and the interiors compared favorably with our own in similar neighborhoods. The little coal grate replaces our kitchen ranges and vicious air-tight stoves and the feather bed seems to be preferred by the patients. Good nursing technique is the same everywhere and the poor chronics to whom this Queen's nurse makes a daily visit look forward to the call of their

"Jubilee Washer" with as much impatience as ours anticipate us. Our rounds took us past St. Vincent Square where hundreds of soldiers were encamped, fine, alert young Englishmen, fit defenders of their country. The world can ill spare the fifteen million young European men who, it has been estimated, will be sacrificed in this needless war.

In the afternoon, I visited the Nursery Maids' Training School in Hackney, a year's course for young girls who desire to become small children's nurses. This course was instituted in 1911 by the Women's Industrial Council and has become so popular that there is always a waiting list of students, although the tuition is \$180 for the year and no uniforms are furnished. Under the direction of a house superintendent, the girls are taught to do all the housework, except the heavy cleaning, and to care for well children. In order to provide material for their practice work, ten or more children under four years of age are boarded and every detail of their care during the twenty-four hours is taught the pupils. Naturally there is a great demand for girls so trained and the one house in Hackney is far too small. The Women's Industrial Council has asked the London County Council for scholarships and an equipment grant, for the school is not self-supporting, but this has not yet been given. The work is unique in that well children, not sick or tiny babies, are cared for and the pupils spend the entire time at the school, and pay for the privilege. The training is excellent.

August 16. Sunday. Attended service at Southwark Cathedral, formerly St. Saviour's church, with Julia Stimson of St. Louis, another stranded American. The church dates from the 12th century and is full of quaint tombs and monuments. Shakspear, Chaucer, Gower and John Harvard were known to the old church as the statues and windows and fine Harvard memorial chapel testify. In the beautiful lady-chapel the first six Smithfield martyrs were tried and condemned. The church has of course been restored, but the charm of antiquity still surrounds it. It lies in the heart of one of London's poor sections, across the river and on the way to the "Old Kent Road" of ballad fame.

(To be continued.)

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
MARY M. RIDDLE, R.N.

SOME FUNDAMENTALS

In these days of talk of hospital and training school progress and efforts for its realization in the way of matters educational for nurses, superintendents and others having in charge their work, whether practical or theoretical, sometimes permit themselves to lose sight for a time of the fundamentals of their nurses' training.

For this condition there can be no blame or criticism of the busy superintendent; she is making strenuous efforts to do the work of at least two people and at the same time maintain a spirit of enthusiasm for the work and promote an *esprit-de-corps* among her workers that would do credit to a commanding general of the army and an experienced diplomat all in one.

Reference may be made to those little acts of courtesy, thoughtfulness, neatness, carefulness of the patient's property, etc., that contribute to the comfort of her stay in the hospital and make upon her mind an impression that in the future will recall pleasant memories of the hospital as well as aid materially in recovery from the present ailment.

It not infrequently happens that the nurse has to act as the buffer between the patient and all else, hence she must be prepared for her office by adequate hospital training. If she has had a good home training upon which to build that of the hospital, she is, at the beginning, many degrees ahead of her sister nurse who has not had it. However desirable it may be; young women in their homes cannot all be trained to meet the requirements of the modern training school.

Of all the varied problems constantly before the superintendent of the training school, none seems so difficult of solution as that of how to meet and take care of the small things in hospital nursing work. Almost everyone seems willing to devote time and care to the great things, but the little things are too often left to themselves.

A nurse rarely forgets to take her patient to the operating room on time, but she may forget some little, apparently non-essential thing which deprives the patient of comfort; or she may forget to speak just the word that would give confidence to the patient and so help

her through a place very like the "valley of shadow" just before the operation—a time that can not be rightly appreciated except by those who have learned its full significance by experience.

It is no uncommon occurrence in hospitals great and small to find that patients, already wrought up to a high tension nervously, are taken to the anaesthetising room and kept waiting on a small surgical carriage for the much dreaded operation to begin. It is not often the fault of the nurse having the patient in charge, neither could blame be attached to anyone else, but the misfortune might be said to be due to a chain of circumstances. Either the operating surgeon is late in arriving or the operating room has not yet been vacated by the previous case whose operation proved more extensive than was at first thought to be necessary, or some other unforeseen difficulty has arisen. Although no blame can be attached to anyone, the patient is the sufferer and should be protected. She cannot know the reason why, neither does she care, she simply knows that she has reached the limit of endurance or perhaps she has passed beyond the limit and is no longer able to control her fear.

A late patient expresses the situation thus:

I waited in the anaesthetising room one-half hour for the surgeon, the anaesthetist, and the nurse to be ready. I had kept my courage up to that time, but the fright of that half hour, I shall never forget. The possibilities of what might happen simply would not be crowded into the background and I am quite sure that if they had kept me waiting another five minutes, they would never have performed the operation, for I would have rebelled from mere cowardice.

Such conditions often grow out of the desire of hospitals and nurses to avoid keeping the surgeon waiting a moment for his patient, consequently she is brought from her room to have her *handy*. Why not let the patient have the anaesthetic in her own room, when the surgeon has arrived and let her be taken to the operating room without knowledge of any of the attending circumstances or of the fact that she is late?

It may be argued that the odor of ether in her room will be conducted to the next room and others near by and be the means of striking terror to other hearts, but probably such would not be the case; if any impression is made upon neighboring patients it is likely to produce only sympathy for the prospective operative case. What could be better for the neighbors than to forget themselves for a moment to dwell upon the sufferings of others?

If perchance she must go to the operating room and be kept waiting, she ought not to be left alone for an instant but should have cheerful, agreeable companionship. It is not necessary that she have some

one talk to her every minute, but that she have the actual presence of a woman who shall give her an impression of support and strength and who shall speak the judicious word in season. Too much stress cannot be laid upon the amount and character of the conversation the nurse holds with her patient. Nurses have been known to be patronizing when they wish to be maternal and have not understood the patient's attitude of mind when failing to appreciate the effort. Here is room for a long and ardent plea for a high and yet higher character of the personnel in our training schools for nurses. Much can be done by persistent teaching of ethics, but nothing can really take the place of fine instincts and an ability to justly estimate a situation. Someone has said that to appreciate these conditions a nurse should be a patient for a time.

It was a favorite admonition that an older superintendent of nurses gave to her pupils who deplored the onset of an illness because of loss of time in training, in the remark that "an illness is not necessarily loss of time for you now have an opportunity to not only learn how to do things but perhaps you will also learn how not to do them." Many a nurse has profited by the precept as well as the experience.

The ideal nurse not only will not keep her patient waiting for the best service that will in any way contribute to his comfort but she will eliminate any appearance of haste, because she fears the patient may fail to make known his wants if he sees her so busy that she must hasten with might and main from one thing to another. Patients have been known to refrain from asking for an extra blanket because desiring to interrupt the nurse.

Then too, there are nurses in training (and out) who are so interested in learning to be nurses as to forget their function, which is the care of the sick, either directly or indirectly. Notwithstanding we are told that hospitals have other functions beside the care of the sick, including "the prevention of disease, the scientific study of the cause and treatment of disease, etc.," the fact remains; because all the study and scientific work is but caring for the sick, possibly not for our present patients, but sick patients somewhere are going to be benefitted.

With all the legitimate efforts that are being made for advancement, for raising the standards and bettering the conditions of the nursing schools generally, it is well to occasionally hark back to the homely old principle, that hospitals and nurses were made for patients,—"Last we forget."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

THE TRAINED NURSE—The trained nurse and the service of the great middle class of the people is discussed in a thoughtful paper published in the *Interstate Medical Journal*. Speaking of the two professions of medicine and nursing this physician says, "We have fought for higher standards of preliminary education. We have clamored for strict surveillance through efficient laws of registration and control. We want one common door through which all physicians shall enter the practice of medicine." It objects to a sliding scale of prices and says if anyone earns \$25 to \$35 a week on an average, it is the trained nurse. He believes that hourly nursing, properly worked out through the organization of a bureau, with proper districting, so that a nurse could attend several compatible cases with the least loss of time, would help to solve the problem. Endowments for the payment of expert service, as well as of hospitals, is also suggested, as is insurance, the money to be forthcoming for the payment when the need arises.

THE HYPODERMIC SYRINGE—In an article in the *Journal of the American Medical Association* it is stated that about 1820, Pravaz, a French soldier and surgeon, invented the syringe which is still known by his name and which he used for injecting ferrous chloride into aneurisms. A little later Alexander Wood utilized the syringe for the subcutaneous injection of morphine. Morphine was discovered by Berrthner of Hanover in 1805.

CARAMEL IN DIABETES—A German medical journal states that caramel in large doses does not increase glycosuria and does lessen the acidosis in diabetes. It is a carbohydrate of high caloric value and is easily assimilated. To prepare it, grape sugar is heated in an aluminum pan to a temperature of about 300°F., or it may be obtained ready made. It is given in doses of from 100-300 grams daily, either with an oatmeal diet or with vegetables, fat and protein.

COD LIVER OIL—The *Journal of the American Medical Association*, in commenting upon experiments in the comparative nutrient value of cod liver oil and cod liver oil emulsion, carried on by the chemist of the Connecticut Experiment Station, says that the growth promoting efficiency of cod liver oil is shared by butter fat and the fat in egg yolk. Either of these is more easily obtained and more readily

consumed with relish than is the unpalatable cod liver oil. Cream, butter and eggs may therefore be substituted when cod liver oil is indicated.

LEUCURIA.—There is said to be a scarcity of leeches in consequence of some of the leech producing areas in Europe being occupied by outstanding armies.

APPENDICITIS.—A writer in the *Pennsylvania Medical Journal* states that in 700 cases of appendicitis, seen under various conditions, only eight died. He therefore thinks that the disease need not be considered with such alarm. He advises an early operation during the first acute attack, as likely to prevent a more or less chronic invalidism.

ULTRA-VIOLET RAYS IN FROST-BITE.—A French medical journal describes the application of the ultra-violet rays in the treatment of frozen limbs. No appreciable benefit was observed in simple frost-bite. When there was ulceration the good effect was marked. In one case the pain was arrested by the ninth or tenth application and the swelling subsided on the sixth day.

TREATMENT OF TYPHOID.—The *Journal of the American Medical Association*, in a synopsis of an article in *Presse Medicale*, says that experience had convinced the writer that the constant application of an ice bag to the abdomen answers all the purposes of cold baths while it leaves the patient in peace. The abdomen is covered with a thick layer of talcum powder, then a thin flannel. Over this is placed a large bag of ice, not filled full on account of the weight, and with the air carefully expelled, so that it will be limp and fit to the surface below. This is held in place by a folded sheet, as a bandage is apt to roll up and slip. If the skin looks purple anywhere, the ice is suspended for a few hours. The bag does not need filling oftener than once in two hours and one-half. The patient drinks as much as possible up to four or five litres. This includes boiled milk, flavored with tea, coffee or alcohol. After each cup the mouth is rinsed with an alkaline solution and a mouthful is swallowed. Equal parts of glycerine and Vichy water are used to cleanse the gums and pharynx and a few drops of camphorated oil are placed in each nostril.

INCURABLE CANCER TREATED WITH GOAT SERUM.—The same journal reporting a paper in the *British Medical Journal* says that a patient aged sixty, with incurable cancer of the uterus, was treated with goat serum. The uterus healed in about six weeks and the disease was apparently cured. She died of acute disease two years later. It is suggested that the goat serum relieves pain by attacking the outskirts of the advancing growths, preventing their advance into normal and sensitive tissue. In some instances the serum caused the shriveling up of the tumor.

JET OF AIR TO PREVENT TETANUS.—A German authority recommends directing a jet of hot air on a wound that may develop tetanus. Even a jet of air of the ordinary temperature from a bicycle pump or an electric fan or bellows will check the development of the tetanus bacillus.

TREATMENT OF WOUNDS.—The *Journal of the American Medical Association*, in a synopsis of an article in a Berlin medical journal says the aim in dressing a wound should be to keep away further irritation from without. The tissues have certain defensive powers which aid in checking the growth of the germs at first. Nature shows us in a scab the ideal to aim for in a dressing.

CHILDREARING AND NERVOUS DISEASES.—Another German medical journal says that marriage, conception and pregnancy should be strictly warned against in all forms of nervous affections, not only in the interest of Eugenics but to save the woman from further harm. If improvement occurs after marriage it is scarcely ever permanent and soon yields to an aggravation of the original trouble.

RELIEF OF NAUSEA.—The same journal states that a tendency to nausea can be met by placing scraps of ice in the mouth, turning the head so that the water can escape. A few drops of lemon juice on the ice may help. Sherbets and ice in a general way may be of use in relieving nausea and should be used more in diet for the sick.

OVERCOMING FATIGUE.—A French medical journal describes a means of relieving fatigue employed by the soldiers, which may contain a useful hint for nurses. The men take off their shoes, lie on the ground or a flat surface and raise the legs at right angles to the body against a wall or other upright support. The toes, ankles and knees are worked. The rest and the flood of blood that pours into the tissues when they get up are very reviving. The head should be raised as on a pillow.

TREATMENT OF SUPPURATING BY PUS INOCULATION.—A writer in the *Indian Medical Gazette* states that the vaccine treatment for any suppurating wound is to inject the pus obtained from it, when rendered innocuous, as this contains the true toxins derived by the living organisms from the living host. He treats the pus for 24 hours with one per cent of phenol and campher. He treats pneumonia by subcutaneous injections of the patient's own blood.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of writer.

INFORMATION NEEDED

DEAR EDITOR: What will remove the stains of benzol from bed linen? Bichloride and formaldehyde being injurious to metal, and carbolic being considered in these days useless as a disinfectant, and also objectionable because of odor, with what disinfectant can bedsteads be washed when fumigation of the room is not necessary?

Montana

R. N.

NO OVERSUPPLY OF NURSES HERE

DEAR EDITOR: I wish we could make nurses see how very interesting the work is out here, for we need more help very badly. The longer I am here, the more interesting things grow.

Changhai, China.

NINA D. GAGE.

LETTERS FROM NAVY NURSES

DEAR EDITOR: Seven red letter days have been marked since my last record and great excitement has prevailed in the Island. Christmas, the arrival of the transport, New Year's day and the beginning of the measles epidemic have been epochs in our quiet life.

The home friends sent our Christmas packages on the November transport and I was made the guardian of various interesting bundles duly inscribed "Do not open until Christmas." Our native nurses were also remembered and we had the pleasure of making up packages of ribbons, laces and embroideries to be used by them for certain dress-up garments, to the attraction of which they have succumbed. On Christmas Eve the almost constant patter of little feet on our steps marked the arrival of eggs, coconuts, various fruits and paper flowers. These gifts came from grateful Chamorro people who have the true spirit of giving. They leave their offerings and then vanish, being compensated by the joy of the act and not desiring to hear expressed gratitude.

We had a very pleasant day on Christmas, ending with a dinner in our prettily decorated dining room. We had been busy with the general celebration, in addition to several interesting cases at the Suva Hospital but our artistic member found time to decorate the Quarters. For the Christmas festivities a good friend in the United States always sends a box of toys for the little ones and brightly colored postals which please the older children. The commanding officer interested himself and secured a tree which was appropriately lighted and around which the gifts were named. Every pupil in the public schools received a toy and a box of candy. These gifts were sent to the wee sick ones who could not be present, though the doctors arranged that Christmas should be a "rest" day in their treatment. Greens were obtained from the woods and we decorated the wards and mess hall; a good dinner was provided and "liberty"

was given to all the patients who could leave the wards. Our turkey was a young pig sent by a grateful patient as were also the hot rolls and a fine plum pudding. A big fruit cake came from the palace with greetings from the Governor and Mrs. C. This cake aroused the jealousy of Juan, our cook, who proceeded to concoct a rival cake of great richness to which our friends have paid the tribute of regard and indignation.

Among my gifts was a three-piece Chemise dress with the accessories of slippers and neckties. The native dress adds considerably to one's size and I expect to overwhelm my friends with my proportions when I don the amazing costume.

On New Year's Eve a dance was given at which three of us appeared who received the expected new frocks by the transport mail. The disappointed member contented himself with bon bons and books from home. Of all the remembrances that come, I think books and magazines were the most acceptable. A friend sends over some periodicals from the Civil Club, but not enough to satisfy four reading-hungry women. Miss C. promises herself papers served in courses when she returns to the United States. This is just another proof that we do not appreciate our blessings until we lose them.

On New Year's day we were among those present at the reception given by the Governor and Mrs. C. The band played and good cheer was distributed among all the guests. I doubt if one could find greater congeniality than prevails in this American Colony, each member appreciating and responding to the efforts made to draw us together on common ground.

The transport had as passengers several Army nurses and two Navy nurses en route to the Philippines. We were denied the pleasure of entertaining and showing to them our happy home. Cases of measles and mumps among the passengers prevented visitors from landing and we did not even see our friends, as the ship anchored three miles off shore. In spite of the precaution, however, the measles and mumps came ashore and an epidemic resulted. Dr. E. says 3000 cases have been reported; certainly everyone who did not have these afflictions from the last visitation (30 years ago), had them this time. The native nurses succumbed at various times, the first reporting for duty the day the last one went to bed. Miss H. had to take the night watch and I was on duty from 8 a.m., until 10 p.m.; the other nurses having extra hours every other day. It was a time when everybody had to buckle down to hard labor and we did good team work. No complaints were made of the long hours and some of the medical officers expressed sincere gratitude though we did not require this to realize that our help was acceptable. We had a most interesting experience, as there were many complications resulting in curious conditions, but I think we are satisfied with one epidemic and we express our hope that the quarantine camp may remain empty.

The usual work has been resumed and goes on without much effort. It is impossible to hurry in this climate. After a period of fruitless efforts to establish an energetic approach to the work in hand, our nervously active members see the futility of unnecessary activity.

• The operating room and diet kitchen are nearly completed and work has been begun on the new tuberculosis hospital. The site of this addition is the top of a high hill, beautiful for situation and a breeze will always temper the heat of the sun. With these buildings completed, there must be an increase in our number to meet the demands. I often wonder if these people realize the extra burden our country has assumed in the health campaign on this island!

Yesterday, 100 hook-worm children went home, and we are now getting everything "scrubbed down" before the next lot arrives. This is not so simple as it sounds. The work is chiefly done by the public women who are working out their fines. One day they go to clinic and we never know when they will return. Three mornings they report to the Chemorro jail. In addition there are Sundays and holidays. The day of work is, therefore, the exception. Of course some of our number handle the situation much better than others. I have reason to be grateful to the hospitals that consider executive experience quite as necessary for a nurse as the experience of actually caring for the sick. The latter attribute is instinctive with women, as a rule, but very few can direct the work of others to advantage nor do they possess the natural ability to establish order and system.

The incoming sick total number 125, to be disposed in thirty beds and twenty-five cots. This may seem a remarkable disposition but it is really an easy problem. I am thankful, however, that the other work is light and that the nurses have had extra half days for rest. We shall begin with fresh vigor and in the improvement of these poor little mites we shall renew our thankfulness that we are members of the profession which carries comfort and alleviation of pain to those who suffer.

Guam, M. I.

R. L.

TOO LATE FOR CLASSIFICATION

GEORGIA

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Savannah on May 12, 13 and 14, 1935.

INFORMATION NEEDED

Dean Evers: A young man who has lost all four fingers from his left hand recently wrote to a firm which deals in artificial limbs, enclosing a drawing of his hand and asking the price of fingers or an attachment that would give him better use of his hand. The reply was that such an appliance would cost \$200.

This young man works in a saw-mill and it is impossible for him to pay out such a sum, which is more than the "Company" offered to settle for when the accident occurred.

Are there no artificial hands or fingers made that a laboring man can afford to buy?

Montana.

R. N.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

AMERICAN NURSES' ASSOCIATION

The eighteenth annual meeting of the American Nurses' Association will be held in San Francisco, June 29 to 30, 1915. All dues should be in the hands of the treasurer by April 30. No credential cards will be sent to associations or individuals in arrears.

Headquarters. Hotel Clift, Geary and Taylor Streets. Each room has twin beds and a bath. Rate for one person, \$5.50 a day; for two persons, \$2.75 each. 75 rooms have been reserved but applications should be sent in early. Rates for meals: regular breakfast, 75 cents; club breakfast, 50 cents; lunch, 75 cents; club dinner, \$1; Sunday dinner, \$1.25. Meals a la carte are served during certain hours. This hotel is a three-minute walk from the church where the meetings are to be held.

Other hotels recommended: Sumner Hotel, Geary Street, near Taylor. Room with a bath, \$5; without bath, \$4. These are rates for two persons, no single rates will be quoted. Rates for meals: Breakfast, 50 cents; lunch, 50 cents; dinner, \$1.

Both these hotels are new and are centrally located. There are numerous cafes and restaurants in the vicinity.

The Inside Inn. Rates: Room without bath, \$3 a day and up for one person, \$5 a day and up for two persons; room with a bath, \$4 a day and up for one person, \$5 a day and up for two persons. Rates for meals: breakfast, 75 cents; luncheon, \$1; dinner, \$1.50. An additional charge of 50 cents a day is made to each guest for admission to the Exposition grounds. This hotel is twenty minutes distant from the church where the meetings will be held.

San Francisco will be very much crowded during the month of June and every one is urged to engage her room as early as possible.

Program. The full program for the three associations, American Nurses' Association, National League of Nursing Education and National Organization for Public Health Nursing will be published in the May JOURNAL.

As has previously been announced, the University of California has granted the use of the Greek Theatre at Berkeley to the American Nurses' Association for the afternoon of June 29th. An invitation was sent by the directors of our three national organizations to both the American Medical Association and the American Hospital Association to be their guests at an educational meeting to be held in the Greek Theatre on that day. The American Hospital Association has accepted the invitation and its members will be our guests for this occasion. The American Medical Association has made plans that could not be changed and was unable to accept the invitation.

Mineraria. The full Mineraria were published in the March JOURNAL, pages 514-517.

For information in regard to the eight-day tour, members should apply to the Frank Tourist Company, 330 Broadway, New York. This trip begins at New York, June 9, at noon, and includes on the outward journey, stops at Chicago, the Grand Cañon, Riverside, Los Angeles, San Diego and the Yosemite

Valley. The return trip begins at San Francisco, June 27, 9 p. m., and includes stops at Salt Lake City, Colorado Springs, Denver and Niagara Falls.

For information in regard to the Direct Trip, members should apply to the chairman of the Transportation Committee, Mrs. C. V. Twiss, 419 W. 144th Street, New York. This trip begins at New York, June 14, at noon and proceeding by way of Colorado, ends at San Francisco, June 19, 8.30 p. m.

REPORT OF THE NURSES' RELIEF FUND, FEBRUARY, 1915

Receipts

Previously acknowledged.....	\$3957.00
Lutheran Hospital Alumnae Association, St. Louis, Mo.....	5.00
Elizabeth Sherman.....	2.00
Kentucky State Nurses' Association, Individual Members.....	16.00
Brooklyn Hospital Training School, Brooklyn, N. Y.....	25.00
Orange Training School Alumnae Association, N. J.....	10.00
St. Mark's Hospital Alumnae Association, Salt Lake City.....	5.00
John Hopkins Hospital Alumnae Association, Individual Members...	13.00
Graduate Nurses' Association of Connecticut.....	25.00
Calendar Sale.....	850.20

\$4917.20

Disbursements

Bondt, No. 1, North Carolina State Nurses' Association	
Fourth Payment, February 1, 1915.....	\$25.00
Mrs. C. D. Lockwood, express on calendars, postage,	
printing, telegrams, etc.....	6.37
Investment in stocks.....	2015.33
L. A. Giberson, Chairman, postage, freight on calendars,	
etc.....	10.08
Expenses attending meetings in New York City.....	21.60

\$3078.98

Balance, March 1, 1915.....	\$3238.31
Eight bonds, par value.....	8000.00
Two certificates of stock.....	2000.00

\$12,536.31

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Funders' Loan and Trust Company, New York City.

For information address L. A. Giberson, Chairman, Allenwood, Pa.

THE EMEL HAMPTON BOBB MEMORIAL FUND

The Emel Hampton Bobb Memorial Fund offers three scholarships for the year 1915-1916, of the value of \$250 each. If satisfactory candidates present themselves, work may be carried on in the following places: (a) Department of Nursing and Health, Teachers College, Columbia University, New York; (b) School for Social Workers and Instructive Visiting Nurse Association, Boston; (c) School of Civics, Chicago; (d) Henry Phipps Institute with the Visiting

Nurse Society and the Philadelphia Training School for Social Work, Philadelphia. Full information in regard to the scholarships may be obtained from the chairman of the Committee on Scholarships, Anna C. Maxwell, Presbyterian Hospital, New York. Applications must be in her hands by May 15th and forms for the purpose may be secured from her.

THE NATIONAL CONFERENCE OF CHAIRMEN AND CONVENTION will hold its forty-second annual meeting in Baltimore, Md., May 19-20. The program of "Health" will be under the chairmanship of Dr. Richard C. Cabot, of Boston. It will include a series of discussions on the social responsibility of the hospital and practical methods of social work in connection with hospitals, the chief speaker being Dr. William H. Welch of Johns Hopkins Hospital, Baltimore. Other subjects will be: A Pay Clinic for Persons of Moderate Means, The Distinction Between "Intensive Cases" and "Short Service Cases" in Hospital Social Work, and Social Education of the Physician, the latter subject being treated by Dr. Charles F. Brannen, Dean of the Indiana University Medical School. Katherine Tacher of New York and Ida M. Cannon of Boston will take part in the discussions of this session.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS will hold its annual meeting in Seattle, June 14-15. The Chicago Tuberculosis Institute hopes that eastern members will plan to spend two days in Chicago en route, June 8 and 9, special plans for their entertainment and instruction having been made.

ARMY NURSE CORPS

APPOINTMENTS. Ethel F. Jardine, graduate of Wesley Hospital, Chicago, Illinois; Angie A. Knowlton, Newark City Hospital, Newark, New Jersey; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

RE-APPOINTMENTS. Nellie V. Chase, St. Joseph's Hospital, Philadelphia, Pennsylvania, assigned to duty at Army General Hospital, Fort Bayard, New Mexico. Etta M. Stach, Episcopal Hospital, Philadelphia, Pennsylvania, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

TRANSFERS. To Letterman General Hospital, San Francisco, California: Jessie M. Braden, Ho Bruden and Jean G. Madenau. To the Philippine Department Hospital, Manila, Philippine Islands: Agnes B. Cameron, Nellie I. Culliton and Harriet E. Kingston.

DISCHARGES. Marie E. Logan, from Letterman General Hospital, San Francisco, California. Margaret D. Murvey, from Army General Hospital, Fort Bayard, New Mexico. Mary E. Welch, from Walter Reed General Hospital, Takoma Park, D. C.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

ALABAMA

Talladega. THE AMERICAN MISSIONARY ASSOCIATION has established a training school for nurses and a hospital at Talladega College, Talladega. A three years' course is given to young colored women of good character and sound health. Annie Leighton of Lorain, Ohio, is in charge of the training school. The nurses minister to the 500 students and to the 5000 negroes in the town and surrounding country. The college maintains a trained community worker. White physicians and surgeons meet in consultation with the colored

staff of the hospital which helps toward the success of the project. The work of giving intelligent care to the colored people of this section was begun by Mrs. Goss, the wife of a professor. She was a graduate nurse in the north before her marriage. She formed an Instructive District Nursing Association of one. With clean linen, with soap, water and towels, she valorously combatted superstition, dirt and disease.

ARKANSAS

THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will meet at the state capital in Little Rock, May 4 and 5. Applications for registration will be sent to Mrs. F. W. Aydlott, secretary, 1250 Park Avenue, Little Rock.

CALIFORNIA

THE CALIFORNIA STATE NURSES' ASSOCIATION will hold its annual convention in San Francisco on June 18, 19, 1915. The Clift Hotel, Geary and Taylor Streets, has been secured for headquarters. The sessions of the convention will be held in Dr. Ahad's church, corner of Post and Mason Streets. Friday evening, June 18, will be devoted to an informal reception and Saturday, the 19th, to the election of officers and the regular business of the association. No program has been planned this year, as the American Nurses' Association will meet the following week and it is to be hoped all the delegates to the State Association will make their plans to stay over for this convention.

CONNECTICUT

BESSIE J. GARNER, assistant manager of the AMERICAN JOURNAL OF NURSING has been visiting hospitals and associations in Connecticut in the interest of the JOURNAL. While in Hartford and vicinity she was the guest of Miss Sutherland at the Hartford Hospital and while in the southern part of the state of Miss Fletcher at the New Haven Hospital and of Miss Gregory at Waterbury.

NEW HAVEN. THE CONNECTICUT TRAINING SCHOOL ALUMNUS ASSOCIATION held its regular monthly meeting at the usual place on March 4 with a large and interested attendance. After the routine business was finished, including the appointment of a nominating committee for the new officers, a former graduate, Esther V. Hansen, late of the Navy Nurse Corps, was welcomed. Miss McDougall, secretary of the local mental hygiene society gave an instructive talk on her work citing the danger of the concealment of incipient insanity by family and friends and the assistance the intelligent nurse can render the general public by reporting the same to the proper persons, whereby cures can often be effected by treatment of first stages.

HARTFORD. THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNUS ASSOCIATION held the February meeting in Center Church House. After the transaction of business, those present were entertained by a delightful musical program by Miss Irving Day. Miss Donald and Miss Emory were hostesses at the tea following the meeting.

HARTFORD. THE HARTFORD HOSPITAL ALUMNUS ASSOCIATION held its annual meeting at the Hotel Winthrop on January 11. Officers for the coming year were elected as follows: president, Mrs. E. H. Marcham; vice president, Jennie Pratt; secretary, Mabelle Fairfield; treasurer, Mary Robaby; press committee, Mrs. C. W. King. After the meeting the members were guests of Miss J. Rieche at a dinner party at the hotel.

DISTRICT OF COLUMBIA

Washington. THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses, Wednesday, May 12, 1915. Applications must be made before April 23, 1915, to Helen W. Gardner, R.N., 1237 K Street, Washington, D. C.

ILLINOIS

Chicago. A report from the ALABAMA ASSOCIATION OF THE NURSES TRAINING SCHOOL FOR NURSES gives the following news of some of its members: Annie Simpson, class of 1914, has taken a position as surgical nurse in a mining hospital at Miami, Arizona. Marie Ross, class of 1907, recently resigned her position as head nurse at Cook County Hospital on account of ill health and has gone to Phoenix, Arizona, to recuperate. Minnie Sullivan has resigned as superintendent of nurses at the Hospital of the Latter Day Saints, Salt Lake City, to accept a position in the State Hospital at Provo, Utah.

Springfield. THE GRADUATE NURSES' ASSOCIATION held its February meeting at the Lincoln Library on March 11. Mrs. Dr. V. T. Lindsay gave a very interesting talk on Hospitals in China and Japan, referring especially to China. The talk was enjoyed by the large number of nurses present, particularly those interested in contagious diseases. After the talk by Mrs. Lindsay the regular business was conducted. Five names were presented for membership, to be voted upon at the next meeting. Following this was a special meeting of the Thirtieth District Association for the purpose of nominating new officers for the annual meeting to be held in Jacksonville on April 6. All nurses were urged to attend this meeting. Rosa Watkins, the matron of the Springfield Hospital, resumed her duties on March 15 after a long illness at her home in St. Louis.

INDIANA

THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold its semi-annual examination for the registration of applicants at the State House, Indianapolis, May 19, 20, 1915. Applications should be filed with the secretary not later than May 15, 1915.

Rosa Hummer, Secretary.
Crawfordsville, Indiana.

Fort Wayne. Ella Felt, class of 1903, Hope Hospital Training School, has accepted the position of superintendent of Van Wert County Hospital in place of Ella Jones, class of 1901, resigned. For two years Miss Felt, with the assistance of her sister, conducted a hospital at Angola, Indiana.

Richmond. THE KANSAS GRADUATE NURSES' ASSOCIATION held its regular monthly meeting on February 19, at Reid Memorial Hospital. The following officers were elected: president, Martha E. King; vice president, Grace B. Mead; secretary, Emma E. Kemper; treasurer, Dorothy E. Ryan. The Association voted to again give \$1 per member to the Visiting Nurse Fund.

IOWA

THE IOWA STATE BOARD OF NURSE EXAMINERS will hold a special examination in the Capitol Building, Des Moines, April 29, 30, 31, and 2. For information and applications, address Dr. Clifford H. Sumner, State House, Des Moines.

Des Moines. The Des Moines *Nurses' Association* was entertained by a special committee at a valentine party on February 16, held in the room of the Women's Commercial League. A delightful musical program was furnished after which a social hour was spent and a dainty lunch served, appropriately decorated with hearts. A short business session followed in which Adah Hensley presented the matter of Miss Crandall's proposed visit west of the Mississippi. Miss Hensley was instructed to extend an invitation to Miss Crandall to include Des Moines in her itinerary. There were thirty-two members and twelve guests present.

Leola Larson has accepted the position of superintendent of the Des Moines General Hospital Training School. Miss Larson is a graduate of the Clarkson Memorial Hospital Training School, Omaha, Nebraska.

Evelyn Lindblad, class of 1914, Iowa Methodist Hospital, has accepted the position of night supervisor at the hospital. Ruth Blahodaga has accepted the position of surgical nurse at the Madison General Hospital, Madison, Wisconsin, after resigning from a similar position in the Iowa Lutheran Hospital. Hannah Johnson has accepted the position of night supervisor at the Iowa Methodist Hospital.

Fairfield. The Jefferson County *Nurses' Association* dispensed with the business meeting for January and accepted the invitation of one of the members, Nellie Warren, to spend the evening at her home in Libertyville. The round trip was made in bob sleigh furnished by the Warren family. A delicious supper was served.

THE WOMAN'S GENERAL AUXILIARY TO THE JEFFERSON COUNTY HOSPITAL held a reception at the home of Mrs. W. W. Roth on January 23, to meet the new superintendent, Leola Bristol. The Auxiliary is most active in its work for the hospital. At present an effort is being made to form sub-auxiliaries in different parts of the county. Besides buying an ambulance and a lung motor for the hospital, these ladies have furnished many of the smaller conveniences in equipment. They have beautified the grounds with shrubbery and possibly a pergola is to be the spring work of one committee, while that of another will be to purchase a Chase Doll for the training school class-room.

Council Bluffs. Vera Shipley has resigned her position as assistant superintendent of the Jennie Edmundson Hospital Training School. Miss Shipley is a graduate of the Michael Reese Hospital, Chicago. Harriet Olson, class of 1911, State University Hospital Training School, has accepted the position vacated by Miss Shipley. Ella N. Steinbaugh, former superintendent of the Jennie Edmundson Hospital Training School has been obliged to resign her position as superintendent of the City Hospital Training School, Peru, Ill. Frieda Dixon, graduate of the Jennie Edmundson Hospital, has succeeded Miss Steinbaugh.

Sioux City. Miss C. Wellgast, Samaritan Hospital Training School, has accepted the position of visiting nurse at Lincoln. Miss Stiles, graduate of the Samaritan Hospital, has resigned her position as superintendent of the Hanover Hospital Training School, Milwaukee, Wis., and will return to her home in Sioux City as soon as her successor is appointed.

Shenandoah. Jennie Sutherland has assumed the position of superintendent of the new hospital. She is a graduate of the Samaritan Hospital, Sioux City, and has taken a post-graduate course at Grace Hospital, Detroit.

A bill known as "House File No. 224, by Miller" has been placed on file in

the Iowa Legislature to repeal the present act governing the training and examination of nurses. The author of the bill wishes to reduce the present three years' term of training to one or one and a half years; the examination to be adjusted so that same is not so onerous as to defeat "the said spirit and intent of this act."

KENTUCKY

THE KENTUCKY STATE BOARD OF NURSES EXAMINERS will hold an examination for state registration, at Spaw Memorial Hospital, Dayton, on May 17 and 18, 1915, beginning at ten a.m. For further information apply to the secretary, Flora E. Koon, R.N., Somerset, Ky.

Louisville. THE KING'S DAUGHTERS SOCIETY has organized a general District Nurses' Association with Jennie C. Benedict, chairman, Florence McGonigal, secretary, and Mrs. Thomas Gordon, treasurer. The headquarters are at 215 Walnut Street. Louise Gutman resigned her position as superintendent of the Deaconess Hospital and has taken a position in the Trachoma Hospital in Hindman. Emma Hunt has resigned her position with the Tuberculosis Commission and accepted a position as night supervisor at the City Hospital.

LOUISIANA

NEW ORLEANS. THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold the next examination at the office of the Board, 28 Canale Building, New Orleans, La., May 10 and 11, 1915.

C. A. BARR, M.D., Secretary.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual meeting in the Medical and Surgical Library on February 12. The afternoon session was presided over by Miss Lawler. Various committee reports were read, the most important being that of the State Examining Board which showed improved conditions and gave evidence that the standard is being constantly raised. The Red Cross report was of great interest and roused great enthusiasm. The session closed with an address by Miss Lawler which was so inspiring that she was urged to give it again at the evening session for the benefit of those who had not heard it. A reception and supper at six o'clock were much enjoyed. The evening session was held in Cedar Hall, the principal address being given by Ella Phillips Crandall on Public Health Nursing. The address was much appreciated. The election of officers resulted as follows: president, Elsie M. Lawler; vice presidents, Mary C. Parkard, Mary Sullivan; Secretary, Effie J. Taylor; treasurer, Miss E. C. Lee; Martha Hartmann, Jane Nash, Frances M. Etchberger, Mrs. G. Sargent, Mrs. William Hunt, Alice Bell, Mary Lent.

THE MARYLAND STATE LEAGUE OF NURSING EDUCATION held its regular meeting at Johns Hopkins Hospital, February 17. The program consisted of a discussion on the training school records, records of each nurse in the school, time spent in each ward, character of work done, lectures attended, etc., making it possible to tell by looking at the record just what had been accomplished by a nurse in the three years of her training. Records were shown from the Johns Hopkins Hospital, Emergency Hospital, Annapolis, Md., Church Home and

Infirmary, and the Baidar Solomon Hospital. It was a most interesting and helpful meeting.

Baltimore. THE MARYLAND GENERAL HOSPITAL ALUMNAR ASSOCIATION held its quarterly meeting on February 26, at Miss Newman's home. After a most interesting talk on Social Service and its problems, refreshments were served, and the nurses enjoyed a most delightful evening.

Providence City. THE EDUCATIONAL COMMITTEE FOR FREDERICK COUNTY of the Maryland Association for the Study and Prevention of Tuberculosis invited Eleanor A. McI. Jones, chief of the nursing division of the Department of Health, Baltimore, to spend a day in the public schools giving ten-minute talks to the pupils on the care and prevention of tuberculosis.

THE CIVIC CLUB was given an address by Dr. L. F. Barker of Baltimore, on February 26, on Maintenance of a High Standard of Personal Health and its Effects on the Race. The lecture was given under the auspices of the American Medical Association.

MASSACHUSETTS

Boston. THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION held its annual meeting in Jacob Sleeper Hall, Boston University, on February 24. Lillian D. Wald of the Henry Street Settlement House, New York City and Robert G. Valentine, State Commissioner of the Unemployed, spoke to a large and interested audience. Mary Beard, director, presented her annual report. In 1915 the association cared for 13,112 patients. The work has been gradually increasing throughout the year. The nurses are called on in numberless ways to aid families in solving the problems caused by the lack of work as well as to alleviate the distress caused by disease or injuries. Some of the most typical experiences were related. Students of the work came from as far west as Montana. Its scope and grasp are being more largely recognized. Thus more efficient service may be rendered.

Approximately \$22,000 was raised by the sale of Red Cross seals at Christmas time.

Mary E. Shields, Massachusetts General Hospital, has gone to Bar Harbor, Maine, to take charge of the hospital during the illness of the superintendent. Catherine Duggan, a graduate of Cushing Hospital, Roxbury, has gone on duty at the same hospital. The hospital employs graduate nurses only. There is no training school.

Arlington. THE SUMNER-AMINGTON HOSPITAL celebrated its fourth anniversary on February 26 by a donation day. The Woman's Aid Association took charge of the affair.

Sara E. Parsons, secretary of the National League of Nursing Education, gave an informal talk on the proposed amendment to the Nurses' Registration Act at the Central Directory on February 12.

Dr. Ranssman's GRASS FOR CARROLL NURSES held the annual valentine dance and whist party at Boston College on February 12. It was well attended.

THE SUMNER NURSES' ASSOCIATION held the annual meeting at the Boston Nurses' Club rooms on February 15. Over thirty members were present.

Grace D. Minsinger and Elida Fraser, graduates of Adams Nervine, Jamaica Plain, are taking a post graduate course at the Woman's Hospital, New York City.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination for State Registration at the U. S. A. Hospital in the city of Grand Rapids, on June 1, 2, and 3, 1915, and at the Grace Hospital on June 4, 9 and 10, 1915, in the city of Detroit.

A. W. Sussmann, M.D., Secretary,
Lansing, Mich.

Detroit. THE GRACE HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on February 9. The attendance was good and the members enjoyed a most instructive lecture on the Salvarsan Treatment by Dr. Louis Hartman. Martha Townsend left New York with Mrs. Whitney's hospital staff and is now located at Paris. Nellie Gerard of Windsor, Ontario, leaves shortly with Lieutenant Colonel Dr. Congraim, stationary hospital staff, accompanying the second Canadian Contingent to France. She was presented with a nurse's instrument case by the Alumnae.

Cadillac. THE MERCY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on January 12, at the hospital, when the following officers were elected: president, Margaret Barry; vice president, Mrs. Joe. Knapp; secretary, Eva M. Carey; treasurer, Adèle La Bourdellier. After the business meeting the annual banquet was held.

MISSOURI

The announcement of the death of Mrs. Fanny E. S. Smith, secretary of the Board of Nurse Examiners, will be received with great regret throughout the state.

Kansas City. THE ALUMNAE ASSOCIATION OF THE GERMAN HOSPITAL held its annual meeting at the hospital on January 22, when the following officers were elected: president, Alice Byrd Davis; vice president, Nell Huber; secretary-treasurer, Esther Westman. On February 1, Dr. Lipscombe of the American Red Cross car, gave an address in the hospital to the alumnae and training school.

THE TRAINING SCHOOL FOR NURSES AT THE STATE HOSPITAL No. 2, Nevada, was interestingly reported at the Missouri State Meeting last October by the superintendent of nurses, Gertrude W. Moore. There are two schools, one for attendants and one for nurses. That for attendants gives a two-year course in the care and management of the insane, including employment and amusement. The nurses' course of training is for two years and a half, six months of which is spent in affiliation training in the General Hospital of Kansas City. Theoretical instruction is given in the usual training school branches with the addition of psychology and mental diseases, occupations and amusements. Seventeen nurses are in training in this course and the eight who are to graduate the coming spring will be eligible for state registration. Affiliation training in mental diseases is given to nurses from the Kansas City General Hospital.

NEBRASKA

THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold examinations for nurses at the State House, Lincoln, on May 6 and 7. Lillian B. Staff, R.N., Wise Memorial Hospital, Omaha, Nebraska, secretary.

NEW JERSEY

Event. THE ALUMNUS ASSOCIATION OF THE HOSPITAL OF ST. BARNABAS held the regular February meeting on the 26th at the nurses' home. Miss Peterson presided. A very interesting report of the state convention held at Summit, N. J., November 4, was read by the delegate Miss J. Boore; a social hour followed.

Conven. THE COOPER HOSPITAL ALUMNUS ASSOCIATION held the regular monthly meeting at the nurses' directory on March 1. The committee on the revision of the constitution and by-laws reported the revision ready for distribution. A nominating committee was appointed to prepare the ballot for the annual meeting. Mary J. Lennex was appointed delegate to the annual meeting of the New Jersey State Association. After adjournment a social hour was enjoyed.

NEW YORK

NEW YORK STATE BOARD EXAMINATION

Questions used in the examination of January 25-26, 1915. Ten out of the fifteen questions under each heading to be answered.

Medical Nursing and Nursing of Children. 1 What is the preventive treatment of bedsores? 2 Give nursing measures for the relief of vomiting. 3 If you found a person unconscious, what particulars would you note and what would you do pending the arrival of the physician? 4 Define the following terms: (a) lysis, (b) crisis, (c) arterio-sclerosis, (d) myxedema, (e) hemophilia. 5 Why should a nurse not rub a limb in which there is phlebitis? 6 What are the symptoms of pleurisy? 7 With reference to the heart, what is meant by the term "compensation"? 8 Give nursing measures for the relief of (a) angina, (b) insomnia. 9 Have you been taught to wash an infant's mouth? If not, why not? 10 At what season of the year is infant mortality the highest? How may this be lessened or prevented? 11 What are the most frequent sites of tuberculous disease in children? 12 What is the nursing care of whooping cough? 13 Mention three points to be observed in nursing a case of pulmonary tuberculosis. 14 Describe your method of applying stupor. 15 What is meant by blood pressure?

Anatomy and Physiology. 1 Name the bones surrounding the mouth or buccal cavity. 2 Describe the pericardium. 3 What are the normal stimuli that cause the contraction of muscles? 4 What is the name of the muscle that covers the shoulder? 5 Describe the diaphragm. 6 Name two ductless glands. 7 What are the four chambers of the heart and how are they separated from one another? 8 What is meant by the portal circulation? 9 State one function of (a) the red blood corpuscles, (b) the white blood corpuscles. 10 Give the position of the gall bladder and state its use. 11 How many teeth are there in the permanent set of the adult? 12 Compare afferent nerves with efferent nerves. 13 Mention two functions of the skin. 14 What are the sebaceous glands and where are they found? 15 What are the functions of a lymph node or lymph gland?

Obstetric Nursing. 1 Define labor and explain how a nurse may know when to call the physician. 2 Name three complications that may arise during labor. 3 Name three complications that may arise in the puerperium. 4 What is simple engagement of the breasts and what nursing measure should be employed on its first appearance? 5 Outline a suitable diet for the mother on the

second day of the puerperium. 6 Give three essentials in the nursing care of the mother during the first week of the puerperium. 7 If the patient complains of headache, either before or after delivery, what should the nurse do? 8 Name the internal female organs of reproduction. 9 Briefly explain the difference in meaning of the terms embryo and fetus. 10 Define viability, involution, pregnancy. 11 Name three parts of the newborn child that are extremely susceptible to infection. 12 What is the most important attention that the mother should receive immediately after the completion of the third stage of labor? 13 How should you test rubber nipples in order to avoid too rapid a flow of milk into the infant's mouth? 14 Briefly describe a method of cleaning rubber nipples. 15 What is the probable cause of intertrigo (red buttocks) of the infant?

Gonito-Urinary Nursing. (For Male Nurses). What is the difference between retention of urine and suppression of urine? 2 How would you collect a 24 hour specimen of urine? 3 What symptoms would lead you to suspect an over distended bladder? 4 What is the normal reaction of urine? 5 Describe in detail bladder lavage. 6 How could the nurse relieve the pain of external hemorrhoids? 7 Name two solutions frequently used for bladder irrigation and give the strength of each. 8 Define phimosis. Give the after care of a case of phimosis. 9 What is incontinence of urine? 10 Locate the perineum. 11 What is erythema and what are its symptoms? 12 Give the symptoms of gonorrhea. 13 Why should a nurse observe aseptic precautions in catheterizing a patient? 14 Define orchitis. 15 What are the characteristics of the urine in (a) acute Bright's disease, (b) fever, (c) diabetes mellitus?

Materia Medica. 1 Define materia medica. 2 What are (a) antispasmodics, (b) carminatives, (c) narcotics, (d) diuretics, (e) cholegogues, (f) diaphoretics? 3 Name two important preparations of ammonia. 4 What is the chief alkaloid of belladonna? What are the signs of an overdose of belladonna? 5 Name three cardiac stimulants and state the dose of each. 6 Name four saline cathartics and state the dose of each. 7 State the action of quinin. Give the symptoms of an overdose of quinin. 8 What is the synonym of digitalis? State the action of digitalis. Give three preparations of digitalis and state the dose of each. 9 What is the treatment of poisoning by (a) strychnin, (b) morphin, (c) bichlorid of mercury, (d) carbolic acid? 10 Name four preparations of opium and state the dose of each. 11 What is meant by (a) physiologic action of a drug, (b) idiosyncrasy? 12 Name a respiratory stimulant and state its dose. Name two expectorants and state the dose of each. 13 What is an emetic? Mention two simple emetics and state the dose of each. 14 Write the table of (a) apothecaries' weight, (b) apothecaries' measure. How many grains to the ounce are required to make a 1% solution? How many cc. are there in one-half of a liter? How would you make one ounce of a 2% solution of silver nitrate? 15 How would you prepare and give a hypodermic injection of strychnine sulfate, gr. $\frac{1}{10}$? What drugs when given by hypodermic injection must be injected deep into the tissues?

Dietetics. 1 State two methods of preparing eggs for nourishment and give reasons for your answer. 2 Explain the term balanced meal. 3 Mention three meat substitutes. 4 Mention four food principles and give their function in the body. 5 How would you prepare beef juice? How would you prepare one pint of baked custard? 6 Give two formulas for nutritive enemata. 7 What articles of food are to be specially avoided in nephritis? 8 What are the func-

tions of nitrogenous food in the body? 9 Name the non-nitrogenous foodstuffs. 10 In what conditions is fat a valuable article of diet? Why? 11 Name the digestive juices. 12 Why is milk called a perfect food? 13 How should meat be cooked in order that it may retain its juice? 14 Name several articles of food that have laxative value. 15 What do you understand by (a) modified milk, (b) pasteurized milk, (c) sterilized milk?

Bacteriology and Surgery. 1 Classify bacteria according to their shape or form and give an example of each. 2 How do bacteria gain entrance to milk? What diseases may be transmitted by milk? 3 How is infection transmitted in measles, diphtheria, typhoid and scarlet fever? 4 What three conditions are favorable to the growth of bacteria? 5 Mention three methods of sterilization by heat. 6 Mention two dangers to be guarded against in the care of a postoperative patient and state the preventive means to be employed. 7 How would you feed a patient after gastrectomy when the food is to be introduced through a catheter? 8 Name the two chief complications that may occur after an abdominal operation. What is shock? Give the nursing treatment of shock. 9 (a) How would you recognize an internal hemorrhage? (b) How would you render first aid in case of a hemorrhage from the carotid artery? 10 Give briefly the method of catheterization. 11 Immediately after an abdominal operation a patient voids urine very frequently and in small quantities without pain; what condition would you anticipate? 12 Describe the preparation of a patient for an abdominal operation. 13 Mention the common materials used for sutures and ligatures; give their sources and their behavior in the tissues. 14 Define the terms appendicitis, colic, cholecystitis, colitis. 15 Give a classification of wounds. Describe three of the classes named.

New York. The New York League for Human Education held the regular meeting at Mt. Sinai Hospital on March 3, Miss Goodrich presiding. The teaching committee of which Miss Docher is chairman, held a round table discussion previous to the regular meeting on Standardization. The general program for the evening was Prison and Prison Reform. Burdette Lewis, Deputy Commissioner of Correction, spoke on some of the existing conditions in prisons and emphasized the inadequate provision made for medical inspection and care of infectious diseases. He felt the short sentence was a handicap in that it gave little opportunity for rehabilitation for those who were morally sick and needed treatment. A bill now before the Legislature would provide commitment for habits for a term of three years which would be decreased upon recommendation of the Board of Pardon. All necessary information would be brought to bear on each individual case that every opportunity be given the prisoner. Mr. Lewis believed that prisoners should be given employment and receive pay for labor in order to provide for a new start in life. He felt strongly that under present conditions, there was little incentive or encouragement for a prisoner. Donald Lewis, Secretary Deputy to Mr. Osborne, Sing Sing Prison, spoke of the great need for sanitary measures to be adopted throughout the prison wards. He felt the time would come when cells would be done away with, and gave some instances in which prisoners, as a body, had demonstrated their trustworthiness if approached in the proper way. This method must be introduced in order to eliminate the spirit of revenge and retaliation. Mr. Lewis felt that the League could do a great deal through its influence to give support to this legislation and also to assisting the movement now being advocated, whereby the workhouse be moved to farms which would provide labor for pris-

oners. Miss Jeffrey, secretary of the executive committee of the National Committee on Prisons, spoke of the great need for trained nurses in hospital prisons. Miss Trench was elected chairman of a committee to consider the most effective method of endorsing the matter of approaching prison work.

Brooklyn. THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNUS ASSOCIATION held its annual business meeting at the Hotel on February 2, when the following officers were elected: president, Florence M. Alexander; vice presidents, Elizabeth Percy and Harriet Soule; recording secretary, Mary Habiano; corresponding secretary, Eva Lovejoy; treasurer, Mary E. Holt; director, Mrs. N. C. Rathbun.

THE LONG ISLAND COLLEGE HOSPITAL NURSES' ASSOCIATION reports a busy and successful year. The monthly meetings were well attended. Several lectures were given and many social meetings. An afternoon tea was held each month at which four graduates presided. Entertaining programs, with music, dancing and refreshments were given and many old friends were re-united. A successful dance was given on the evening of February 24, instead of the usual tea. For financial reasons the annual dance to the graduating class will be omitted. A friend presented the Alumnus Association with \$50 and another member has completed the binding of the *American Journal of Nursing* file which was presented to the Association. The volumes contain the *Journals* of the last fifteen years. The new registrar was appointed at the March meeting, Miss Orr's resignation having taken effect on April first. She has given faithful service and many regret her departure. The Association held the March meeting at the Hospital with thirty-eight members present. Mrs. Ada Benjamin was appointed registrar. For a number of years the Elsie Bennett Fund has had a small number of subscribers. It is hoped that more graduates will take an active interest and increase the membership on April first, the beginning of the fiscal year. A donation of \$10 was turned into the Fund. The election of officers will take place on April 12. It was planned to send a box of supplies to Miss Ewerd, one of the Alumnus, who is serving under the Red Cross in Serbia.

Albany. THE HUDSON VALLEY LEAGUE FOR NURSING EDUCATION held the quarterly meeting of March 6, with Miss Littlefield at the Homeopathic Hospital. The regular business meeting was preceded by a short address by Elizabeth Bennett, supervising nurse, Division of Child Hygiene, New York State Department of Health, and followed by an open discussion of the proposed Nurse Practice Act, and of the Standard Curriculum for Nurse Training Schools, suggested by the Educational Committee of the National League of Nursing Education.

Buffalo. THE BUFFALO NURSES' ASSOCIATION held the regular meeting on March 1. The speaker for the day was Doctor Ry, who gave a most interesting talk on Food Adulteration, stating among other things that there were very few harmful adulterations in food now, but that insanitary production still continued.

THE ALUMNUS ASSOCIATION OF THE BUFFALO HOSPITAL, SCHOOL OF CHARITY, held a special meeting on February 28 for the purpose of seeing a demonstration of massage. A professional gave the demonstration and the nurses spent a most interesting two hours. On March 9 the regular meeting was held and Dr. Bente of the University of Buffalo gave an interesting lecture on Bacteriology, the first of a series of six to be delivered every fortnight until the end of the

course. The lecture was largely attended by the Alumnae and was much appreciated. After the lecture a reception was held for Nellie Bunday and Beanie Branson, both of whom were to sail on March 17 for Red Cross nursing in Serbia.

THE ALUMNAE ASSOCIATION OF THE BUFFALO GENERAL HOSPITAL gave a tea at the Club House on March 2. It was a most enjoyable occasion.

NORTH CAROLINA

Black Mountain. DUNSWYCHE is having many improvements under the efficient management of the matron, Mrs. Vaughn, such as the installation of a furnace and electric lights, recently. Two large, south sleeping porches have been added. All of this has been paid for by the various societies of nurses of the state. There is a fine cow and a number of hens so that plenty of fresh eggs are assured. The fine climate and the superb views make it an ideal home. A specialist who takes great interest in the well-being of nurses has done much for the guests, so that many nurses have gone away with a new lease of life. Mr. Vaughn takes charge of the outside work and is as much interested as is his kind, motherly wife. Before Christmas, every nurse in Asheville was asked to dress a doll in uniform for a sale for the benefit of the Home. Dolls, big and little, came in, surgeons, internes and orderlies, "Red Cross," other nurses and probationers. A window lent by a hardware firm was arranged like an up-to-date hospital ward; furniture was lent and bedding given by other generous merchants. In one corner was a class room with a superintendent of nurses conducting a class. Altogether it was not only a novel but a very pretty display and proved its attractiveness by the crowds that came and looked and bought. The nurses belonging to the city association spared no pains to make the sale a success and realized \$115 in one day. Many came to buy after everything was sold. Dunswyche is owned by the State Association and is for tubercular nurses. Members of the State Association pay \$5 per week which includes medicine and the physician; outside nurses pay \$7; other women, \$9 per week. Asheville has about 60 graduate nurses doing private work and at the present time the majority are off duty.

Asheville. MARY ROSE BATTENHAM, graduate of the Brooklyn hospital, has given up private nursing and is visiting nurses for the Metropolitan Life Insurance Company in Asheville.

NORTH DAKOTA

THE NORTH DAKOTA BILL FOR STATE REGISTRATION has passed both houses of the legislature and was signed by the Governor on March 9. It will go into effect on July 1. The full text of the bill will be published in the May JOURNAL.

THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Grand Forks on April 27 and 28. Bertha Erdmann, president, has gained in health during her sojourn at Bismark Hospital and is now leaving for Colorado where she will be followed by the good wishes of all the nurses of the state for whom she has worked so diligently during her residence among them.

Fargo. THE ALUMNAE ASSOCIATION OF ST. LUTHER'S HOSPITAL held its regular meeting on February 3 at the Nurses' Home. Two recent graduates were admitted to membership, making the number of active members twenty-six. Berghild Daa, class of 1912, is in charge of the hospital at Sisseton, South Dakota.

MARIE SUMNER, class of 1907, St. John's Hospital, left on January 20 for Panama. Her appointment is to Ancon Hospital, adjoining the city of Panama on the Pacific side.

PENNSYLVANIA

Philadelphia. The PRIVATE DUTY NURSES' ASSOCIATION held its February meeting on the 5th in the parlors of the Nurses' Club. It was a spirited meeting with many members present. The Association now has 41 members, an increase of 20 since its organization in April, 1914. After the routine business was transacted many important questions relative to the welfare of the graduate nurses were discussed, some of which were discussed at the St. Louis meeting, such as a plan for rest rooms in hospitals where the graduate nurses may rest during her time off duty; the need of better food, which would be of benefit to the undergraduates as well; the advantage of having a broad-minded and big-hearted nurse chosen as a member of the committee to examine suspended pupil nurses, as the judgment of such a woman with sound common sense and experience, added to the opinions of the male members of the board, would prove invaluable. Other training school problems discussed were the question of shorter hours for nurses and a board to examine applicants for entrance as to their real reason for taking the training. Registration was also discussed, with the need for a central registration bureau, under the management of nurses. It was suggested that the name in the telephone book be written in bold faced type. Many improvements for the future were discussed which, though unattainable at the present time, it is hoped will be realized eventually. It was felt that there was need for greater cooperation with the Boards of Directors of the hospitals that they may be better acquainted with subjects pertaining to the welfare of nurses. Plans were made for a Rally Day later on, and a card party for the purpose of raising money. The nurses responded well to the call for help in rolling bandages and folding dressings for the soldiers in Europe, under the supervision of the local Red Cross.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES held its regular quarterly meeting on February 19 in the parlors of the nurses' home. The newly-elected officers were in their places: president, Mrs. Maud Bear; secretary, Julia Marten. Nineteen members were present. It was decided to attend the Parliamentary Law classes conducted by Mrs. Lewis. It was also voted to contribute the sum of \$10 to the local Red Cross Society for the purpose of purchasing supplies. All were urged to give their help in making up the supplies. Miss Gillespie was elected delegate to the convention in San Francisco. A social hour followed.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES held the regular monthly meeting on March 1, in the nurses' home. The president, Alice O'Halloran, was absent, having been sent to the Panama Exposition to supervise the Tuberculosis Exhibit of Pennsylvania. The vice president, Frances Ross Lewis presided and there were forty-three members present. The minutes of the previous meeting were read by the secretary and approved. The treasurer's report was accepted and referred to the auditing committee. The visiting committee reported two members ill. On motion of the arrangement committee it was decided to revive the custom of holding a memorial service at the grave of Alice Fisher on Easter Sunday afternoon. Roberts M. West accepted the chairmanship of the special committee for the arrangement for the celebration of the thirtieth anniversary of the Training School. This will take place sometime during the fall, the date to be selected by the committee. Cecelia Kennedy was elected an alternate

to the annual convention. Four new members were received. The ballot of the nominating committee was accepted. The changes in the By-Laws, as accepted at the last meeting, were finally adopted. A motion adopted that the secretary send notices to all members, that the Alice Fisher Memorial Scholarship to be given at the Teacher's College, Columbia University, is available for the full term of this year. This scholarship is to be awarded to a member of the Association in good standing and having the endorsement of the Alumnae. It was voted to donate \$10 for games to the the Red Cross Division of the Emergency Aid Committee.

THE PENNSYLVANIAN HOSPITAL ALUMNAE ASSOCIATION has held regular monthly meetings throughout the winter with excellent attendance. At the November meeting Agnes K. Rees told of the work in the Italian district at the Star Centre. At the December meeting, Rev. William J. Cox gave an interesting talk on the leprosy in South Africa, also some personal reminiscences of Lord Roberts. In January, Dr. Liechtenberg, professor of Sociology at the University of Pennsylvania, talked on Criminology bringing out the relation of crime to disease. In February, Dr. Cornell, school inspector, told of municipal nursing. In March, Miss Francis, president of the Pennsylvania State Association and secretary of the Red Cross, spoke on state registration and the Red Cross nursing service. Miss White of the Visiting Nurses' Association will speak at the April meeting. The annual meeting and the election of officers will occur in May. On the evening of March second the Association gave a reception to the coming graduating class.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL elected the following officers for the year 1915 at a meeting held on January 29, at the Graduate Nurses' Club: president, Nettie W. Guthrie; vice presidents, Mabel Ewert, Anna Peters and Lillian Tusher; recording secretary, Miss B. M. Sel-demridge; corresponding secretary, Mrs. E. P. Vollen; treasurer, Helen F. Greenay. All members of the Alumnae Association will be glad to learn that the Board of Managers of the Hospital, at the December meeting, rescinded the rule of sending out pupil nurses while in training, which makes the Association eligible to membership in the American Nurses' Association. The application blank for membership has been filled out and sent to the secretary. The Association has begun a campaign for increased membership. All graduates from the hospital are requested to join because the Association needs the support of all. For application blanks and other information they should apply to Mrs. E. P. Vollen, 221 South 47th Street, West Philadelphia. It is hoped that the coming year will be one of the best which the Association has known and a cordial welcome awaits everyone at the monthly meetings.

Trenton. Maude Williams, who has been superintendent of the General Hospital for eleven years, has resigned. Her place will be filled by a graduate from a New York hospital. Miss Williams will not continue in public life.

Pittsburgh. THE ALUMNAE ASSOCIATION OF THE PITTSBURGH TRAINING SCHOOL FOR NURSES OF THE HOMOEOPATHIC HOSPITAL held the regular monthly meeting at the dormitory on March 4. After the business meeting a musical entertainment was given at the close of which Miss Griswold, superintendent of the Training School, acted as hostess and served refreshments. Mrs. Harrah, a member of the Alumnae Association, has resigned her position with the Metropolitan Life Insurance Company to take up social service work for the Homoeopathic Hospital.

Dinner. The annual masquerade ball given by the Dismont Hospital took place on February 12. Prizes were given for the most original as well as the most beautiful costumes.

RHODE ISLAND

THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for registration at the State Capitol, Providence, R. I., on Thursday and Friday, May 6 and 7, 1915. For application blanks and information, address the secretary-treasurer, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket, R. I.

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES met at the Library of the Rhode Island Medical Society on March 3. Reports from committees showed a large amount of work done in the past year. Mrs. Gray, delegate to the Rhode Island State Federation of Women's Clubs, reported the meetings she has attended and gave an idea of the large amount of public work that organization is doing. Mrs. Heath for the magazine committee reported many magazines given away and a large number of educational articles, fiction, poems, pictures, etc., finished and presented to the State Federation of Women's Clubs, and to the Providence Lying-In Hospital. Miss Young of the Providence Lying-In Hospital spoke of the pleasure the articles sent there had given to the patients. Thirteen new members were reported by the membership committee. Amendments to the by-laws were presented and accepted. Miss Ayers was asked to speak of the advantages on affiliation, before the acceptance of a by-law providing for affiliation between different nursing organizations in the state. After Miss Ayers had told of the reasons for such affiliation the by-law was accepted without opposition. Refreshments were served at the close of the meeting. At five p.m. Colonel Anthony Dyer was introduced and told of his experiences in Europe after the war began.

Providence. THE RHODE ISLAND HOSPITAL NURSES' ALBUMEN, met at the George Ide Chase Home for Nurses on March 10. Mrs. Westcott presided. Arrangements were begun for the annual reception to the graduating class to be held about the last of May. After the business had been transacted the members were asked to take part in a valentine poem contest. Prizes were awarded those writing the poems which the judges thought best. Refreshments were served.

THE GUILD OF ST. BARNABAS held its regular meeting at St. Stephen's Church on March 4. Rev. George Henry Bennett addressed the members on his work as missionary in the Adirondacks in which he has been engaged for some time.

THE RHODE ISLAND FINANCE COMMITTEE OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING and the RHODE ISLAND VISITING NURSES' CLUB held a meeting in the Rhode Island Medical Society Library Hall on March 11. Judge Sweetland, president of the Providence District Nursing Association, presided. In a few well chosen words he welcomed the members and their guests and told a little of the growth and usefulness of the organizations represented there. The mayor of Providence was then introduced and spoke of his appreciation of the work of the visiting nurses, of his pleasure at being present and gave a hearty welcome to all to the city. Mayor Oaker then moved that a resolution of sympathy for her illness and of congratulation for what she has accomplished be sent to Mary S. Gardner, superintendent of the Providence Associa-

tion and president of the national organization. Mary Beard of the Instructive District Nursing Association of Boston was then introduced and gave a splendid address on the activities of the various branches of public health work. After adjournment tea was served.

Mabel Durham Rich, of the Providence District Nursing Association, has been ordered to Russia as Red Cross nurse. She sailed on March 20.

THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the George Ide Chase Home for Nurses on March 2. Resolutions were read on the death of Dr. Martha M. Smith, class of 1896, Rhode Island Hospital Training School and graduate of Toronto University Medical School, Missionary to India, and on the death of Elizabeth Mitchell, Spanish-American War nurse. After the usual routine business had been transacted, Lillian M. Howell, Social Service Worker of the Rhode Island Hospital, was introduced and told the members of her work at that institution. She and one assistant do the social work for the hospital and the out-patient department. Great pains are taken not to duplicate the work of any other organization. The patients are talked to, their needs and troubles found out, and as far as possible they are referred to the proper organization for relief of worry and help in regaining their health and in taking up again their own responsibilities. Where no other organization can carry on the work, special personal work is done. A vote of thanks was given Miss Howell and the meeting adjourned to the parlors where refreshments were served and a social hour enjoyed.

WISCONSIN

AN EXAMINATION FOR STATE REGISTRATION OF NURSES will be held in the Council Chamber, City Hall, La Crosse, May 27 and 28, 1915; at Madison, June 1 and 2, 1915, and at Milwaukee, June 1 and 2, 1915. All applications for examination must be made before May 15.

MILWAUKEE. THE MILWAUKEE COUNTY NURSES' ASSOCIATION held the monthly meeting at Gimbel's Tea Room on February 9. Twenty-five members were present and many visitors. Dr. A. W. Gray gave a very instructive and interesting talk on The Feeding of Babies.

BIRTHS

On February 25, at Oklahoma City, a daughter to Mrs. and Mr. Clarence Hefner. Mrs. Hefner was Florence Garrett, class of 1911, St. Anthony's Hospital.

On December 1, 1914, at Xenia, Ohio, a daughter, to Mr. and Mrs. Forrest Whittington. Mrs. Whittington was Mabel Files, class of 1908, Hope Hospital Training School, Fort Wayne, Indiana.

On January 12, at Hope Hospital, Fort Wayne, Indiana, a daughter to Dr. and Mrs. Fred Motte of Ellettsville, Indiana. Mrs. Motte was formerly Mabel P. Standen, class of 1908, Hope Hospital.

On February 12, at Coeur d'Alene, Idaho, a son, John Norman, to Mr. and Mrs. J. N. Nann. Mrs. Nann was Theresa M. Mahler, class of 1911, Mercy Hospital Training School, Des Moines, Iowa.

On March 7, at New Haven, Conn., a son, to Mr. and Mrs. Elmer W. Platt. Mrs. Platt was Ora Hamm, class of 1908, St. Luke's Hospital, South Bethlehem, Pennsylvania.

On February 24, a son, Richard, to Dr. and Mrs. Walter B. Lovell. Mrs. Lovell was Lillian J. McCloud, class of 1900, Presbyterian Hospital, Philadelphia.

On February 25, a daughter, Jeannette Ealing, to Mr. and Mrs. J. Harry Hughes. Mrs. Hughes was Sara Miller Ealing, class of 1902, Presbyterian Hospital, Philadelphia.

MARRIAGES

On January 1, at Kathryn, North Dakota, Hanna Amelia Hansen, class of 1912, St. Luke's Hospital Training School, Fargo, North Dakota, to Enoch A. Redland. Mr. and Mrs. Redland will live in Fort Dodge, Iowa.

On February 24, at Miles City, Montana, Melba B. Matheson, class of 1911, Northern Pacific Hospital, Brainerd, Minnesota, to Ogle B. Hopkins. Mr. and Mrs. Hopkins will live in Forsyth, Montana. Miss Matheson has been in charge of the operating room of the Northern Pacific Hospital at Glendive, Montana, for the last year.

On February 25, Katherine Lang, class of 1902, Presbyterian Hospital, Philadelphia, to Robert Wollaston Pierce. Mr. and Mrs. Pierce will live in Franklinville, New Jersey.

On December 29, at Highwood, St. Paul, Minnesota, Cordelia E. Swinburn, class of 1914, City and County Hospital, St. Paul, to Joseph T. Terry, Jr. Mr. and Mrs. Terry will live in Salt Lake City, Utah.

In November 1914, at the Hotel Staton, Cincinnati, Ohio, Mary Florence Long, class of 1911, Norton Infirmary, to R. L. Butt. Mr. and Mrs. Butt will live in Matamoras, West Virginia.

Recently, at Hiden, Kentucky, Agnes Mae Duncan, graduate of the Deaconess Hospital, Louisville, to Joseph C. Johnson, M.D. Dr. and Mrs. Johnson will live at the Trachema Hospital, Hiden.

On February 27, at Providence, Rhode Island, Bertha Vining Shove, class of 1902, Rhode Island Homeopathic Hospital, to George M. Manson of Butte, Montana.

On March 6, at Easton, Pennsylvania, Minnie Bush, class of 1912, St. Luke's Hospital, South Bethlehem, Pennsylvania, to Albert Kay.

On February 12, Lela Mildred Watt, graduate of Clarkson Memorial Hospital, Omaha, Nebraska, to H. C. Houghton. Mr. and Mrs. Houghton will live in Red Oak, Iowa.

On February 11, at Hackensack, New Jersey, Florence M. Sutton, class of 1911, Hackensack Hospital, to Ralph Spencer Coss, M.D. Dr. and Mrs. Coss will live in Westwood, New Jersey.

In February, at Deer Island, Maine, Esie Gray, Eastern Maine General Hospital, to Captain G. W. Turvey of the five-masted schooner, Magnus Monson, Boston to Norfolk, to Buenos Ayres. Mrs. Turvey will accompany her husband on the fifty-day trip.

On February 27, at Des Moines, Iowa, Mabelle Fellard, graduate of Iowa Sanitarium, to Ted Ford. Mr. and Mrs. Ford will live near Adel, Iowa.

On February 14, at Newport, Rhode Island, Mary E. Nelson, class of 1902, Rhode Island Hospital, to Laurence Sullivan. Mrs. Sullivan was school nurse for Newport for several years. Mr. and Mrs. Sullivan will live in Newport.

DEATHS

On February 4, at her home, Atlantic City, New Jersey, Ada Cromwell, class of 1895, Woman's Hospital, Philadelphia.

On January 27, Harriet St. John, class of 1906, Illinois Training School, Chicago. Miss St. John had been hopelessly ill for several years and had borne her illness with great courage.

On February 14, at her home, Montoursville, Pennsylvania, after a long trying illness, Agnes C. Strobelgh, class of 1901, Boston City Hospital. Miss Strobelgh was much loved by her classmates and associates. She had held various positions in Boston and vicinity and was superintendent of nurses at the Routhby Hospital at the time she was taken ill in February, 1914.

On January 26, at Mercy Hospital, Chicago, Sister Mary Ignatius Feeney, at the age of seventy-four years. "Sister Ignatius" was a well known and much loved personality to the nurses of Illinois to whom she was a help and inspiration in every way. At the time she entered this community there were no training schools for nurses established, but she had a most progressive mind and was ready to take advantage of them when they came, graduating from the training school of Mercy Hospital at the age of fifty-three and becoming a registered nurse, fifteen years later. In 1902 she received a certificate as registered pharmacist, the first granted to a woman in the state. From the time she entered the religious order at the age of eighteen, she served the public with unusual integrity. At the time the law governing state registration for nurses in Illinois was passed, she put forth all her efforts and exerted a strong influence in its favor. Her death is a distinct loss to the nursing profession as well as to her many warm personal friends.

On March 3, at Farber Memorial Hospital, Columbia, Missouri, Mrs. Fanny E. B. Smith, class of 1894, St. Luke's Hospital, St. Louis. Mrs. Smith had been in active nursing work ever since her graduation and had held the position of superintendent of nurses in the following hospitals: Orange Memorial, Orange, New Jersey; Missouri Baptist Sanitarium, St. Louis; Jewish Hospital, St. Louis; St. Luke's Hospital, St. Louis; University and Penn Valley Hospitals, Kansas City. She had held the position of secretary of the Missouri State Board for the Examination and Registration of Nurses ever since its organization five years ago. At the time of her death she was a member of the faculty of the Missouri State University, teaching the preliminary course for nurses. It is impossible to tell all that the life and work of Mrs. Smith meant to the nursing profession; the nurses of Missouri will feel her loss very keenly. She was warm hearted and sympathetic and had a very keen sense of humor. Those who knew her best will have many recollections that will be a pleasure as long as they live and her influence will be felt now even more strongly than during her life time. To work and die in the harness had always been her desire and after a very brief illness she has gone to a well-earned rest. At her request her ashes will be laid beside her father and mother in England.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE CANCER PROBLEM. By William Seaman Bainbridge, A.M., Sc.D., M.D., Professor of Surgery New York Polyclinic Medical School and Hospital; Surgeon and Secretary of Committee of Scientific Research, New York Skin and Cancer Hospital; Consulting Surgeon Manhattan State Hospital, Ward's Island; Honorary President First International Congress for the Study of Tumors and Cancers, Heidelberg, 1903. The Macmillan Company, New York. Price \$4.

While it makes no claim to being the last word on cancer, this book may very well assert itself to be the epitome of the present day knowledge of what it very justly terms the Cancer Problem.

Out of masses of more or less fallacious suggestions for the better handling of what is justly considered to be one of the greatest devastating scourges of civilization, Dr. Bainbridge selects his line of attack and disposing of many of the time-honored beliefs in heredity and contagion, many methods of treatment which from time to time have been heralded as complete cures, outlines a campaign of education, which includes the medical profession as well as layman. The importance of early diagnosis is urged upon the profession and the gravity of neglecting to seek advice concerning anything in the nature of a tumor, birthmark, etc., is made plain to the laity.

Unlike tuberculosis, cancer is still wrapped in mystery. No scientist has been able so far to discover the essential cause of the disease. Predisposing causes are to be looked for in sources of chronic irritation and acute trauma, also in benign neoplasms which are subjected to irritation. Under this head we find some interesting information concerning the natives of Kashmir who carry fire baskets beneath their clothing for warmth.

There is considerable space devoted to the so-called cancer cures, many of which call for very great credulity. Physiotherapy includes heat, light, electricity and radioactivity. Biotherapy includes the many sera, toxins, vaccines. But the real cure seems to lie in operation and in no other field of surgery is the technique so varied, including the "starvation ligature," and much plastic work.

The education of the layman is to be carried along lines which make

for "the establishment of a spirit of confidence in, and willingness to cooperate with, the medical profession, in the prevention of cancer by intelligent attention to the general health and to the special conditions which predispose to the development of the disease;" also "the development of keener discrimination in the selection of a physician or surgeon." The author deplores the lack of discrimination in a public which willingly follows the teaching of quackery and states, in no measured terms, the danger involved. One wonders why a witless public is not protected by punitive laws from such grave menace.

The book closes with a bibliography of over twelve hundred works on cancer, including history, etiology, treatment, etc.

SELECTED ADDRESSES. By James Tyson, M.D., LL.D., Professor of Medicine Emeritus, University of Pennsylvania. P. Blakiston's Son and Co., Philadelphia. Price \$1.75.

Eighteen short articles addressed in the dedication to "the numerous physicians who, from time to time, have patiently sat under instruction," on subjects relating to Education, Biography, Travel, etc., and including one entitled *The Trained Nurse*. This paper may or may not meet with approval from the readers of *THE AMERICAN JOURNAL OF NURSING*. It places a higher value on experience than is usual among those who estimate the qualities which a nurse brings to her profession. Indeed, it goes further and states that "no nurse at her graduation is worth twenty-five dollars a week." This is a reversal of popular opinion, for the pet grievance of the elderly nurse is that her experience counts for nothing at all and that the public wants the new nurse fresh from her training.

There is much advice and counsel given to the young nurse in the kindest possible spirit, and there is, also, much that has been said by good, kind, worthy members of the medical profession to nurses about to graduate, not once, but hundreds of times. Perhaps we all need it. Perhaps the first time a nurse hears it she does listen, mark, learn, and inwardly digest, but there comes a time when we turn from it with a kind of mental nausea.

The other papers are more interesting reading. Some are biographical and some take up subjects of particular interest to the medical fraternity, as *Hospital Organization*, *Physician's Vacation*, *Review of the Progress of Medicine during the Half Century, 1863-1913*, and so on.

These notes from the experience of a man whose profession led him to the busiest and most exacting paths of life and with a desire and taste for expressing in writing the impressions he had received, are well worth reading.

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